PSYCHOLOGY AND WAR CONDITIONS

BY ERNEST JONES, M.D., F.R.C.P. (LONDON)

I am exceedingly sensible of the high honor you have done me by inviting me to address you on this auspicious occasion, the centenary of the oldest medical association in the United States. At the outset allow me to make a confession. Although I held a chair in psychiatry on this continent before the last World War, I was never a member of the American Psychiatric Association. This entirely unimportant personal reference is chosen to illustrate a theme of considerable significance, namely, the passage of medical psychology from neurology over to psychiatry. Medical psychology, which happens to have been my special field of work—and by medical psychology I chiefly mean psychoanalysis, because there does not seem to be much medical psychology nowadays outside of psychoanalysis and its imitations—was to begin with more nearly related to neurology than to psychiatry; the pioneering names in it, from Charcot to Freud, and in this country from Weir Mitchell to Morton Prince and J. J. Putnam, are most often those of neurologists. The illusion that medical psychology is essentially an adjunct of neurology was no doubt further fostered by the unfortunate play on words in the phrase 'nervous disorders' which encouraged patients to consult physicians whose business it was to know about 'nerves' in preference to those who might well suspect them of being of unsound mind, thus confirming their own dread. In days when I had to arrange the annual meetings of the American Psychoanalytic and the American Psychopathological Associations, bodies in the founding of which I had the honor of playing a prominent part, I used to see to it that they took place in immediate conjunction with those of the American Neurological Association, of which, by the

---

An address delivered before the Joint Session of the American Psychoanalytic Association and the American Psychiatric Association at Philadelphia, May 15th, 1944.

INSTITUTE OF
PSYCHO ANALYSIS

way, I was proud to be a member. Such an arrangement would, I imagine, seem strange or even unnatural nowadays, and in my opinion rightly so.

Soon after the last war medical psychology in this country, led particularly by Dr. Brill, began to move more and more definitely towards the general body of psychiatry, helping thus to restore to the latter term its original signification of 'mental healing'. For certain reasons this movement approaching coalescence between the two disciplines has proceeded far more rapidly and extensively here than in Europe, where it is only now beginning. In America, for instance, it is obligatory for all psychoanalysts to have had a serious psychiatric training, while in England certainly fewer than ten per cent have had such training. In Europe, and notably in England, medical psychology in so far as it has extended beyond its own circle has done so in the direction of normal psychology, education, literature, and among the general intelligentsia. Both these movements, the American and the European, are surely laudable and indeed inevitable, since medical psychology in its study of psychoneurotics occupies a position of great strategic importance between the so-called normal and the insane. We know now that these three classes of people have had to cope with the same primordial conflicts though they have reacted to them in different ways. But it does not seem to be so generally recognized that the psychoneurotic reaction is the simplest and most perspicuous of the three, so that the investigation of the more complex and involved reactions of both the 'normal' and the insane is much more difficult. All the same it is more desirable for medical psychology to extend in both directions equally rather than preponderantly in one of them, as has on the whole happened in both America and Europe. It should be added that in the past five or ten years there are pronounced signs that we in England are at last following our American colleagues in effecting a wider collaboration between medical psychologists and other psychiatrists, and I am persuaded that this is likely to develop more extensively in the near future.

In an address delivered a few years ago at the opening of the Columbia Institute of Psychiatry [1]—on one of my periodical week-end visits to this continent—I commented at some length on the remarkable status that psychiatry in the United States has attained among the general community, one which is surely unique in the world. Although, no doubt, you yourselves would be very far from satisfied with its status and can see all sorts of ways in which it might and will be improved, nevertheless it has already got much further than in any other country. I am referring here not simply to its own high scientific standards, which are generally recognized abroad, but to the terms it is on with society, the freedom and ease with which psychiatrists are consulted, and the natural way in which they are accepted as a necessary and regular department of general medicine instead of being an isolated caste to be shunned except in the direst contingencies.

Now all this brings with it that American psychiatry, from its inner level, its outer standing, and—last but not least—the extent to which it has been permeated by the doctrines of medical psychology, should be in a specially favorable position for coping with the innumerable problems with which war conditions present it, both the strictly professional ones entrusted to its charge and also the wider, more serious ones where its advice and influence could be of incalculable benefit. To compass this task with honor, it is true, technical and intellectual knowledge will have to be accompanied by a corresponding degree of psychological insight. It is only too easy to be complacent about the fulfilment of this essential condition and not anxious enough lest success in superficial extensity be purchased at the expense of depth.

I wish to consider first the important matter of military psychiatry, and have here to acknowledge my indebtedness to the British Directorate of Army Psychiatry who have generously assisted me with all the information available to them. You will remember that the status of American military psychiatry

[1] Jones, Ernest: *Psychoanalysis and Psychiatry*. Mental Hygiene, XIV, 1930, p. 384.

at the end of the last war was higher than that of any other country, though I daresay its activity flagged somewhat in the interval between the two wars. Already in the twenties it seems to have been overtaken by that of Germany, which established in 1929 a special department in the Army entitled Military Psychology. A comprehensive study of this was published in America in 1941, with a bibliography of some 561 German writings on the subject.[2] Very little was done in Britain until the present war was some two years under way. We have a scurrilous saying among us that our War Office begins every war on the basis of the war before last, a saying which like the rumor of Mark Twain's death, is much exaggerated; but one did, it is true, hear stories of how various authorities were determined to purge the Army of the psychological nonsense that had crept in during the last World War and to put all psychiatric illnesses on a proper basis of organic neurology as they had been in the good old days of the Boer War. However this may be, there is little doubt—and it was to be expected—that progress in psychiatry had considerable opposition and prejudice to overcome, a trouble which I understand American military psychiatry has also not been entirely spared. One may lay down as an axiom that the better quality a given psychiatric activity displays, and the nearer to the truth are the premises on which it works, the surer it is of encountering irrational opposition. We know that this proceeds from the general dread of mental depths, from aversion to psychological insight, and that it is strongest among those whose mental integrity, often of a very successful order, has been built on defenses against those depths. It is therefore to be expected especially in the apparently stable personalities of those who have achieved prominence, political or otherwise, in life.

Military psychiatry in the British Army, when it got going, proved to be particularly enlightened and modern in its outlook. That is to say, it has been extensively influenced by

2 *German Psychological Warfare.* Published by the Committee for National Morale.

psychoanalytic researches, though for obvious reasons of prudence this taboo word is replaced by the more innocuous term of 'depth psychology'. Every effort is made to express its conclusions in simple everyday language, as being 'obvious commonsense'. Those who accept its conclusions possess psychological insight, often without being conscious of this as such, and perhaps they do not always realize that an accepted truth is generally obvious, however painful the approach to it may still be to others. How irrational the prejudice against modern psychiatry may be is illustrated by the common happening of two opposite arguments being used against it at the same time. On the one hand, when it presented any novel set of considerations to the medical profession, thus broadening the field open to the latter, it would be accused of deserting the sphere of medicine and losing contact with its exponents. When, on the other hand, it came particularly close to any branch of medicine and demonstrated the significance of psychological factors in that branch, it was accused of trying to capture it and displace its lawful owners. Actually the liaison work between the psychiatrists in the Army and both the staff and regimental medical officers is on the whole very satisfactory. Forty years of dynamic psychology have undoubtedly left their mark on the medical profession, and the out and out scoffers are in a diminishing minority. In the Army the medical officers cannot escape seeing the visible results of psychiatric 'commonsense' on the all-important matters of man power and morale, and are therefore coöperating with psychiatrists to a very gratifying extent. The personal impression I have, from very many sources, of British military psychiatry, both as to its high standards of technical efficiency and the active spirit of helpful good-will pervading it, is a very pleasing one.

The weakest point in our psychiatric organization would seem to be its numbers. There is in Britain nothing like the number of trained psychiatrists there is in the United States. It is true your Army is much larger than ours, but even so you are probably in a better position to equip it with com-

petent psychiatrists than we are. Apart from India, where we have sent a considerable number to help with the great new armies that are being raised there, I doubt if the British Army, at home and abroad, possesses much more than a couple of hundred psychiatrists, and we could well do with ten times that number. Two simple considerations support this conclusion. When battle psychiatric patients can be treated in the first few days of the breakdown some fifty per cent can be swiftly returned to duty, while the prognosis among cases that have lasted for a couple of weeks is, especially from a military point of view, a serious one. Yet if one psychiatrist is allotted to forty or fifty thousand men in the field it is evident that very few cases can obtain the necessary treatment in the vital early period on which the prognosis greatly depends. Naturally everything is done to instruct regimental medical officers in elementary therapeutic measures, but during fighting they generally have more than enough of other medical and surgical duties to occupy them fully. Then the fact that fifteen per cent of all battle casualties and one third of all discharges from the Army are due to psychiatric illnesses shows the immense size of the problem, which can only increase with time.

I will now review the various activities of our psychiatrists, though this can only be a condensed account and some of the most interesting data must be suppressed for reasons of military discretion; a fuller account of some aspects has been published in the medical press by Brigadier Rees.[3]

1. *Officers' Selection Board:* The most highly developed, though perhaps not necessarily the most important in the long run, of these activities is in connection with the Selection Boards that examine candidates for a commission. Every candidate comes before a Board consisting of a military President, three combatant Testing Officers, two Psychiatrists, two Sergeant Testers, and, where possible, a Psychologist. The Psychologist is here subordinate to the Psychiatrist and refers his findings to him. As you must have found here also in America,

[3] Rees, J. R.: *Three Years of Military Psychiatry in the United Kingdom.* Brit. Med. Journal, Jan. 2, 1943.

there are two kinds of professional psychologists: those we call academic ones, trained in laboratory technique, and those we call clinical, who have taken an interest in the dynamic aspects of the total personality. It is, of course, the latter who are more suitable for psychiatric work, even for those laboratory aspects concerned with set tests. Unfortunately the number of first class ones is only too few, and that is why not all our Boards are provided with one.

At the beginning of the war there was no dearth of excellent material for officers, but after a couple of years it became plain that considerable care would have to be exercised in selecting new ones if unfortunate results were to be avoided. Some brilliant preliminary investigations by Rodger, Wittkower, and Bowlby showed beyond doubt that psychiatric examinations could be of great value in assisting the military authorities in their choice, and it was as a result of this that psychiatrists were added to the Selection Boards. It was not that the psychiatric examinations were, as was popularly feared by their critics, more severe in the sense of failing more candidates. What was found was that they were more exact in both directions: they not only detected serious defects of personality which might have been overlooked by the military, but they showed that the latter at times overestimated the importance of various deficiencies and so failed a number of candidates who could have become quite satisfactory officers. An example of this difference is that the military attached much higher value than the psychiatrists to what is called 'poor presence', whereas the latter ascribed more importance to 'poor social qualities'. Another reason for adding the psychiatrists was that at that time we had not had as much battle experience to aid in the selection as the Germans had, and so had to have recourse to other methods.

The Germans had published the psychological tests they used in peace time, some of which were being employed as early as 1926, and we began by applying their methods. These were discarded after a time, partly because the limited number of our psychiatrists impelled them to search for less cumbersome

methods wherewith to examine the enormous number of candidates, but partly for a more interesting reason. The dynamic psychological outlook with which our psychiatrists are imbued rendered them unsympathetic to the old 'faculty psychology' which still informs the German methods. A little effort enabled them to discard these and to devise their own, based on their different outlook, but they met with more trouble when they had to deal with the faculty psychology so beloved by the military authorities.

I wish to lay stress on this matter, since it is one of the two respects in which our Army Psychiatrists have made revolutionary progress in the last couple of years. Like the German psychologists, most military men tend, when selecting officers, to look for specific qualities—the favorites being 'dash', 'courage', 'endurance', 'capacity for leadership', and the like—and to assess these on some marking system. It sounds very plausible, for it is beyond doubt that these and other qualities are highly desirable in potential officers, but closer inspection raises certain fundamental doubts whether the abstractions are not taking one too far away from reality. Not one of the qualities listed seems essential, and if one tries to ascertain what it is successful officers have in common, one sees it is not so much the possession of certain specific *qualities* as the capacity for *effective behavior* by whatever way this is achieved. This capacity is a product of the total personality, and therefore it is this that has to be assessed. Every individual is unique in the particular way in which he meets the demands made on him, and it is the characteristic of this personal idiom to which attention needs to be directed. One has to scrutinize the way in which the individual spontaneously fills certain rôles in definite test situations, and this commonsense, and apparently less sophisticated, method proves to be the most scientific because it is nearer to reality than any study of abstract qualities. One may find a certain analogy between this point of view and the reform in the investigation of heart disease introduced by Mackenzie some thirty or forty years ago. Discarding the previous static estimates of cardiac lesions,

he concentrated quite empirically on the actual functioning capacity of the heart. Similarly with the budding officer: it is not what qualities he possesses, but how he actually behaves in practice in various typical situations that most matters. One might almost say that it does not matter what neurosis he has so much as how he manages it in actual life. The total personality is the central criterion.

Let us now consider the technique at present used in this selection work. The candidates come in batches of fifty or sixty and mess with the members of the Board for two or three days. On the first evening they undergo a preliminary psychological examination by specially trained Sergeant Testers, who have usually been professional men in civilian life. These preliminary tests are grouped together under the name of 'Personality Pointers', and they save a good deal of time. The results are passed on to the Psychologist, if present, and then to the Psychiatrist. When they are specially good the latter does not need to interview the candidate. The examination in question consists of four parts. (A) The candidate fills in two comprehensive questionnaires. One is an official one for the President of the Board; the other a confidential one for the Psychiatrist. In the latter there is the bright idea of asking the candidate to describe his personality as honestly as he can in terms of (a) his best friend, and (b) an adverse critic. (B) Intelligence Tests. Three are used: the Penrose-Raven progressive matrices test, a verbal intelligence test, and a reasoning test. The standard of measurement is the average intelligence of the rank and file; an officer should not fall much below this. It has been found that twelve per cent of the candidates fail in this test, and that about a fifth of all rejections are due to failures in it. (C) Word Association Test. Jung's method of using this has been improved on by getting candidates to indicate some expressed attitude towards each word, by responding with a sentence instead of a single word. Fifty words are displayed on cards for fifteen seconds each, during which time the candidate has to write down what occurs to him in response to the stimulus. (D) The Thematic Apper-

ception Test. Hesse introduced this test in the German Army some fifteen years ago, but the method we use is that elaborated by Murray of Harvard. Slides of somewhat ambiguous scenes are presented and the candidate has to exercise his imagination in inventing a story appropriate to each picture.

On the next day the military officers, especially selected for the purpose, carry out various out-of-doors tests. There are group discussions of tactical schemes, a rather gruelling series of tests designed to estimate the candidate's athletic prowess, and there is another, called the 'leaderless group test', which claims our special attention because it concerns the second of the two important advances to which I referred earlier. Devised by one of our Army psychiatrists, Major Bion, it reveals striking psychological insight, and incidentally illustrates the contrast between the British outlook and the German or, more broadly, between the democratic outlook and the totalitarian one. The test that corresponds to it in the German Army is of a double nature, designed to assay the candidate's responses when under command or when in command respectively. Apparently no other situation is envisaged as thinkable than a definitely superior or definitely subordinate one, and indeed this is perhaps a characteristic military point of view which is as averse to the very idea of a group without a leader as it is to guerilla warfare or to mob rule. It has in fact taken some time to inculcate a different idea into the military officers who conduct these leaderless tests. In them a group of ten men are given a military task to perform together, crossing a river or what not, and they are left quite free to make their own plans about it. This task is the quasi real or set problem, but it masks the real problem on which the observing officer concentrates. That is the purely social problem of how each individual reconciles his natural desire to distinguish himself favorably in the eyes of the examiner with the desirability of coöperating in a team spirit with the other members of the group so as to accomplish the set task. Instead of following the customary rule of allaying anxiety for the purpose of examination this leaderless test may be said to capitalize the candidate's anxiety so as to

ascertain his capacity to deal with it in a critical situation. Various countertransferences and anxieties are also apt to develop in the military examiners, and the study of them has proved both interesting and of practical value. The candidates of course show all manner of reactions according to their temperament: facetiousness as a guise for self-confidence, embarrassment, the impulse to make himself prominent and show off, and so on. The examiner soon learns to distinguish between the man who does this for reasons of personal ambition and the one who comes to the fore from motives of helpfulness, as also between the man who voluntarily retires to give others a chance and one who falls into the background because of a deficiency in social contact. The reactions of the rest of the group to a given candidate are as important as his own to it: whether they accept his suggestions, ignore him, and so on. Whether a man leads the others by persuasion, by being recognized as a helpful sociable person, or on the other hand by aggression, appealing to complexes of fear or guilt in the other members, is a matter of evident importance, as is also the question whether a docile man is willing or merely inferior.

From all this emerges the decision whether a given candidate asserts a positive or negative influence in his relation to the rest of the group, whether this is of a group-cohesive nature or a group-disruptive one. Candidates are therefore tested in relation to particular environments and in their attitudes towards superiors, subordinates or colleagues. Our Army psychiatrists attach very special significance to the last of these. If one does wish to use the old nomenclature of qualities one would say that the two things they particularly look for are social adaptability and general resourcefulness. It will be noticed that what is common to both is the mental freedom that permits easy adjustment, whether to persons, to material objects, or to situations.

After these and other military tests, the candidate appears before the whole Board which considers the various reports. These reports discuss actual findings, not general conclusions or impressions. The number of candidates passed has varied

in different years; at present it is perhaps less than half of the total presented. The Board also assesses the suitability of a candidate for particular branches of the Service: plainly a man who would make a good combatant officer would not necessarily be successful in more technical or administrative work, and vice versa.

A word about other branches of the Services. Selection methods practically identical with those just mentioned are used with the Royal Marines and with the Women's Auxiliary Services, whom we now call the ATS and you, I believe, WACS. The Navy does not seem to feel the same need, since those applying for commissions are on the whole of better quality and also they are tested by actual experience in sea warfare beforehand. The Air Force have their own special psychological tests, of which I have no first-hand experience.

2. *Other Selection Work.* There are several branches of this work. (a) Fourteen per cent of the general intake to the Army are referred by the medical officers to the psychiatrists for a report on their suitability for either general or special service. Some form of mental deficiency is probably the commonest condition needing expert investigation.

(b) Army Selection Centers examine and report on the cases of men who have already spent about two years in the Army and who have not proved satisfactory.

(c) Psychiatrists also play their part in what is called the Selection Testing of Units, work which is rather similar to the Vocational Selection that has been brought to such a high standard in the United States in peace time. Unsuitable allocation is an obvious loss to man-power in the Army, which in modern times has to be estimated in terms of quality rather than quantity.

(d) There is a special examination for men who are to be trained as parachutists, but you will not expect me to give any details of this.

3. *Special Testings.* The Consulting Psychiatrists in the Army have to report on cases referred to them from the mili-

tary psychiatric hospitals, as well as, of course, to inspect these hospitals.

4. *Psychiatric Treatment.*. Except for cases of exhaustion in the heat of battle, cases in which, by the way, barbitone has proved of great value, the number of neurotic and psychotic patients needing treatment who will be of use for service in what the military authorities call a reasonable period is naturally not great, so that the Army has not at the moment very much interest in this field. Later on it will no doubt assume greater importance. There is little new to report in this work except that some promising results are being obtained by various forms of group rehabilitation treatment, which is proving a useful auxiliary to more intensive individual therapy. Cases of psychoneurosis are some fifteen times as frequent as those of psychosis, and, as was our experience in the last war, it is the 'willing horse' who holds on to the last before giving way whose case is apt to prove the most intractable. I should also mention some remarkable results from insulin treatment in both military and civilian cases of nervous exhaustion with loss of weight—a reversion to the days of Weir Mitchell.

5. *Morale.* To our knowledge of this all-important subject psychiatrists have contributed in two ways: by studying the subjects who have shown poor morale, e.g. by being absent without leave on repeated occasions, and by special psychological study of the more positive aspects. It is essentially a study of group integration and the factors that heighten or impair this. One of our Army psychiatrists, who knows Germany well at first hand, has made a remarkably penetrating investigation of the morale of the German Army. As one would expect, the conditions favorable to morale and the methods employed to influence it are strikingly different on the two sides in the present war, but since there are few topics that touch more nearly on the question of military discretion it is not one on which I may expatiate here. I can only say that the work done on it would alone justify the employment of psychiatrists in the Army.

6. *Special Researches.* Last, but far from being least, are the particular investigations carried out under the Directorate of Army Psychiatry. Among these the following may be mentioned as illustrations. The problem of readjustment among repatriated prisoners of war, one with which the United States has not as yet had much experience, presents some peculiar difficulties. It may be said that twenty per cent of them if not adjusted within six months become serious psychiatric cases. The outstanding feature is the sense of being out of touch with both home and the Army—what is called an 'out of the picture' feeling—with a corresponding absence of group contact. As prisoners their morale was so sustained by a negative attitude to authority, the Nazi guards, that it often persists as a habit. It is hard for anyone to help these men unless he can understand their point of view through having himself passed through the same experience, and such men are chosen for the purpose. We have also learned much about dealing with these problems prophylactically by catering to the men in special ways while they are still in prison camps.

Soldiers serving abroad for considerable periods also present special problems, and this is a matter that concerns America more than the former one. Here suspicions concerning the home front play a prominent part, anger at strikes, resentment at war profiteers, doubts about politicians, fears about the fidelity of their women at home, and the like. Suppressed feelings of guilt at having deserted their families often play a curiously important rôle. The degeneration of the suspicions into paranoid reactions, which depends on the process of generalization, can be hindered by methods that lay stress on the personal as opposed to the impersonal. Therefore lectures, films, songs, and so on should be based on individual features and should avoid mass representation or general ideas. Some of these reactions will become very important when it comes to demobilization. Sufferings and privations in common, even with the enemy, are apt to breed a group attitude that will be an impediment to future integration with the home community. It may be, for instance, that returning soldiers will

display cynicism about disarming the Germans and Japanese, and will reserve their distrust and resentment for the Army and other national authorities.

A special study has been made of the psychology of mutilated men. Half of these show neurotic reactions bad enough to be troublesome later on. Interesting differences here have been noted between those deprived of an arm and those losing a leg. The former more often show reactions of resentment, depression, and anxiety; the latter those of morbid euphoria or defiance. Only eight per cent of the whole develop a normal response of resignation and acceptance. Contrary to popular opinion the victims of blindness often show reactions of jealousy and suspicion, as well as of helplessness; the last of these stimulates aggressivity which is either externalized as bitterness or internalized as depression.

Feelings of not being wanted are common to all these groups: prisoners of war, soldiers far from home, and those crippled. In this connection it is noteworthy that in our experience the soldier's need for female society is not so purely erotic in its origin as has been generally thought: what they often crave for is the sympathetic companionship of a 'nice' girl, and one has the impression that feelings derived from the mother are at least as important as those related to a sexual partner.

There has even been a psychological inquiry into the relations between American and British soldiers, with, I am glad to report, very heartening results.

In addition to these systematic investigations Army psychiatrists often have the opportunity of being useful in connection with special questions that keep cropping up. Early in 1942 some military authority—I am told a converted pacifist—had the misguided idea of initiating what was popularly known as a 'hate campaign', that is to say, of drilling his men into forms of 'toughness' and savagery that would have won promotion in a Nazi concentration camp. The English sense of humor, however, was too much for it, and after a month the grotesque episode was brought to an end by a psychiatric report on its futility. Then recently there has been a diffi-

culty in feeding prophylactic drugs to the troops because of a widely spread suspicion that they were designed to deaden sexual impulses. If ever there was a purely psychological problem surely that is one.

I pass now from consideration of the military forces to that of civilians in time of war, and here again my personal experience is derived only from Britain. It is not known, and probably never will be known, whether psychoses have become more or less frequent during the war. The incidence of intake into mental hospitals can of course be arbitrarily regulated according to the pressure. Some large hospitals were entirely taken over for Government purposes and the call-up of doctors has made itself severely felt in all institutions. These and other factors have disarranged the normal statistics in this field.

The incidence of psychoneurosis also cannot be statistically controlled, even in peace time. One can only go by general impressions obtained by interchange from other workers in the same field, particularly those in hospital outpatient departments where the largest number are seen. There is no evidence I know of to indicate any increase in psychoneurosis in these five years, and there was a very general impression during the most dangerous period of the war that there was then an actual diminution. Analytical theory would explain this by the reciprocal relationship that exists between so-called 'real' suffering or danger coming from without and neurotic suffering: when fate inflicts suffering there is less need for the self-punishing functions of the neurosis.

The British people have in this war passed through three distinct kinds of trial. The first was the anxiety induced by the demonstration in Poland, Norway, and above all France, that the Germans had devised a successful, and apparently irresistible form of *Blitzkrieg*. This anxiety was most acute before the fall of France, when we saw the Germans marching at will into places like Abbeville, Amiens and the Channel ports in a fashion that in the last war would have seemed quite disastrous. The anxiety was plainly associated with the idea of their invincibility combined with the increasing doubts of

the French will to resistance on which we felt we largely depended. Curiously enough it was rapidly and permanently allayed by the actual surrender of France, which produced a palpable feeling of relief. At a time when we had to realize that we stood alone against the invincible and ruthless tyrant a lady made the rather surprising remark to me: 'Thank goodness there are no longer any allies we have to praise'. She was referring, of course, to the exaggerated praise with which we had covered up our distrust. At such a moment of mortal peril the country was seized with a united determination so admirably voiced by the genius of our Prime Minister, and it was this sense of unity that gave us the conviction that there was something we could believe in and trust, namely each other. This conviction was so strong as to be quite impervious to the pessimistic anxieties in the rest of the world concerning our fate, and articles in American newspapers somewhat gleefully describing the twenty-six different ways in which Hitler could invade Britain had the same effect as water on a duck's back. On paper our chances of winning the war certainly looked thin enough in July 1940, but what emerges from the experience is that for mental peace, confidence and effectiveness the harmony proceeding from internal single-heartedness and group integration of mutual trust is more important than probabilities of actual success or failure.

Soon after this came the second trial, the 'blitz', as we now call it, on our large cities. Naturally there had been for some time, especially in the period that you termed our 'phoney' war, much speculation about the psychological effect of intensive bombing. In June 1939 a Spanish physician, Dr. Mira, read a paper before the British Psycho-Analytical Society in which he gave a very gruesome account of his experiences in Madrid. He presented an interesting classified description of the variety of acute shock conditions he had observed, and we were particularly impressed with the severest of these where mutism and emotional paralysis were followed by practical cessation of all mental activity and even by death. Such conditions were certainly uncommon in the London blitz. I

cannot say whether differences in national psychology are to be invoked to explain this striking contrast. There were, it is true, some external factors that might well have a bearing on it. They must have felt more helpless in Madrid than in London where the roar of our anti-aircraft defenses had a very heartening effect. Then in Madrid the bombing was a prelude to occupation by the enemy, with all that meant, whereas with us we felt in the winter of 1940–1941 that the German invasion was pretty definitely off. There were no disorderly and tragic scenes on the roads as in Spain and France with the advance of the enemy. The mental states we most often observed were simply those of diffuse anxiety, but the people nearly all kept on with their work. They were notably worse among those who had been bombed out two or three times, just as refugees suffer especially if they have been hounded out of two or three countries in succession. In general the population, who after all never saw the enemy face to face, behaved as if the destruction was the result of natural causes, such as fire or other accidents. There was of course a certain amount of exhaustion from lack of adequate sleep over a number of months, but this could hardly be called neurotic. Very notable was the adaptation displayed by children, provided their parents showed no neurotic terror. It was indeed pathetic to see how they assimilated the experiences as if they were part of their normal environment; I remember one child whose first word ever spoken was 'bomb', uttered as he cheerfully pointed up to the sky.

One came across a small number of definite air-raid phobias, and the instructive thing about them was the ease with which they could be distinguished from the general anxiety states. It is plain that with them the fear is of some internal fantasy which happened to be symbolized by falling bombs. One learns again from this how very much easier it is for the human mind to tolerate external danger than internal dangers, how we always err on the side of generosity in allowing so much anxiety to pass for normal when it is in fact neurotic and avoidable.

The third trial, still proceeding, is that of strain and weariness from the prolongation of war conditions. Although civilians have been much more directly and extensively affected than in the last world war, one nevertheless has the impression that the signs of war weariness for a comparable period are fewer now than then. This might be attributed to two factors: we have not yet had the colossal casualty lists that were so depressing in the years of the last war, and secondly the enemy this time is so much more implacable that the question of a patched-up peace does not arise now as it did to some extent then. In other words, the higher degree of single-heartedness in this war results in a mental harmony that fortifies endurance against discomfort and distress.

The factors that have most adversely affected morale are these. Perhaps the most universal is the depressing effect of the rigid black-out, maintained through summer and winter over years. The bad ventilation within and the longing for the cheerfulness of lights without constitute a steady factor to which adaptation does not improve with the passage of time. In the matter of food there are two elements, the nutritional and the erotic. The nutritional level cannot be very far below the normal, as is evidenced by the health statistics and the absence of epidemics, but it is sufficiently so to diminish the amount of energy generated and also the resistance to minor ailments, particularly respiratory infections. But the poor quality of the food and its monotonous character have turned the act of eating into a habit or duty rather than an enjoyment, especially among the classes of the population accustomed to more variety and higher culinary standards. We know that privation in the sphere of oral eroticism leads characteristically to depression, and some measure of it would appear to be widespread. Even more pronounced is the anxiety engendered among the women who have to rack their brains to provide an edible meal for their menfolk and children. The inability to entertain guests should also be mentioned in this connection, as well as the great restriction of any social intercourse because of traveling difficulties, overwork, and so on.

The more social and entertaining classes are further hard put to it by the absence of the services on which they formerly depended. American life is differently organized in this respect, and probably the same class in America is brought up to be more competent in such matters as household repairs and other domestic emergencies. It will be noticed that the factors just mentioned concern discomforts rather than mental conflict, and so show their effects in fatigue rather than in neurosis.

After experiencing a respite of nearly three years London is again passing through a period of bombing, and a comparison between the people's reaction now and at the time of the first blitz is of some interest. The greater number find the present bombing easier to stand and cheer themselves with the favorable comparison with the previous one. The present attacks seldom last for more than an hour instead of all night, night after night, so that adequate sleep can be obtained; the severity is much less, and the toll taken of the invader much higher; the state of the war is quite different, and so on. A small number, however, find the present attacks harder to bear, and this seems to be correlated with an uneasy conscience about our bombing activities, really about the repressed aggression of the people concerned. Treating the attacks as moral punishments they either complain that the second dose is not fair because we have already been 'punished' in the great blitz, or they take the present one as freshly deserved punishment for what we are now inflicting on German cities.

The partial, though large-scale evacuation of our cities brought with it a severe test of the qualities, reputed to be well developed among the British, of tolerance, compromise and adaptability. We have not the American tradition of open hospitality and we guard the privacy of our home more jealously. It was one thing to shelter destitute strangers in the flush of an emergency and quite another to share your home for years with nondestitute ones. It was one thing for a woman to care for temporarily adopted children and quite another to share the cooking range with their mother. I have come across several cases of severe and paralyzing neurosis

arising from these situations. Nor were they made easier when, as occasionally happened, the 'evacuees' developed the reaction of spoilt children: they then behaved as if nothing could be too good for them or could begin to recompense them for their initial misfortune. Susan Isaacs and others have made specially valuable studies of 'evacuee' children and of their ambivalence towards their absent or lost parents, and Anna Freud has with Dorothy Burlingham founded a large nursery which also serves for the psychological study of children in these unfortunate predicaments.

I wish finally to review certain wider aspects of psychiatry in relation to war problems which in some future age should well prove to be the most significant of all, namely, those of general sociological import. When a man chooses a career he will do well to reflect on not only the technical interest it offers but also on the bearing it may have on his general interest in life. In this respect psychiatrists may count themselves peculiarly fortunate. Not only do their professional interests compare favorably with any other, but they are in the unique position of possessing keys to the understanding of human behavior that open wider possibilities of interest, and ultimately of influence, than any other group in the community. It is true that we have hardly begun to appreciate the opportunities open to us in these wider spheres, and also that every attempt to develop them is bound to meet with vehement opposition on the part of society since it involves challenging the underground fears that dominate so much of personal and social life. This opposition, however, will not deter us. And we must be uplifted by the thought that we are the first pioneers in this field. It is centuries since the world at large has presented such a rich material for psychiatric observation as it has in our time, and in those days of long ago there was no psychiatry. In a paper read before your annual meeting two years ago in Boston, Dr. Zilboorg, dealing with the permeation of sociology by psychiatry, remarked on what he called a unique phenomenon in the history of sciences: it is, he said, the first time in history that

a purely medical discipline, curative in intent and methodology, has been the means of transforming a whole series of scientific disciplines (sociology, anthropology, criminology, etc.). Other analysts, such as Alexander and Glover, as well as nonanalysts such as William Brown, Baynes, Nathan, etc., have published books of value on current aspects of the same topic. Psychiatry was in the descriptive stage of development until the genius of Freud opened the way to an understanding of the forces at work and gave them meaning. Sociology is still in that descriptive stage but it is on the brink of the next one when psychiatry will be able to inform it of the inner meaning of the interplay of forces that mold its subject matter. The present occasion is, of course, not the place for any detailed sociological studies, but I am nevertheless impelled to seize the opportunity to indicate to you some of the vast perspectives now opening up before us and to express the hope that the coming generation of psychiatrists will take full advantage of them.

Cynical philosophers have from time to time expressed the opinion that mankind is more than a little mad, and today we are perhaps more willing to heed their remarks than we were in a more complacent past. It is now a good many years since August Stärcke, in Holland, startled his fellow psychoanalysts by proclaiming that psychotic traits and mechanisms were present in all so-called normal people, but since then his conclusion has ceased to be a paradox and has become the subject of serious study. These mechanisms of projection, introjection, self-punishment, etc., which when they dominate the field of consciousness constitute insanity, have been isolated by Freud and his co-workers and their effects and interrelationships closely examined. Melanie Klein, in particular, has laid a firm basis for such studies by making an intensive investigation of their earliest stages in infancy. She has found there such definite intimations of attitudes reminiscent of various psychotic types that she has not hesitated to borrow for her descriptive purpose such nomenclature as 'paranoid position', 'depressive position', 'manic defense', and so on. Her work is still in many respects the subject of controversy, but I am

myself convinced that it will prove of permanent value in our comprehension of the deepest mental layers.

However highly we may treasure as perhaps our most precious possession the procedure known as reasoning, and I would yield to no one in prizing its value, we have now reached a state of psychological knowledge that compels us to recognize that man is essentially not a rational animal: that is to say, the greater part of his behavior and thought processes are profoundly influenced by affective agencies of a definitely nonrational or even irrational order. To a psychiatrist that means admitting that the unconscious is a constant and formidable factor in human activity. The future may well show that this admission, including the full realization of it, will prove to mark a decisive step not only in the advance of human knowledge but in the actual control of human conduct. If so, it will be for psychiatrists in due time to teach the world wisdom in the management of human affairs, for who should be better able to do so than those whose daily work consists in handling of the irrational. At present attempted rationalism alternates with prejudice and impulse, and we have such pathetic spectacles as Mr. Chamberlain facing Hitler with an impassable gulf between them. Such methods will have to be replaced by a true emotional understanding which does not flinch from the consequences of its vision. In such situations the significance of countertransferences and their effects must of course also receive their due recognition. There can be no problem of government, domestic or foreign, that would not be transformed by the acceptance of this knowledge, nor indeed any form whatsoever of human relationships, whether between individuals or between groups.

Of recent years we have been presented with the startling spectacle of irrational and psychoticlike mechanisms dominating the effective part of whole nations. Some of the beliefs that have swept through such nations, beliefs that have not only commanded profound acceptance but have generated the most violent emotions, leading to corresponding conduct, have been of a kind that people uninfluenced by them could only stigmatize as delusional. The identification of Semitic with

Satanic, and the fantastic myth of 'Aryan blood' as the private property of Germans and Japanese, are perhaps the most classical examples. We are taken back to the days of Le Bon's crowd psychology, work which had a *succès d'estime* for the moment but which has been unduly neglected since. We see now that he did not exaggerate in depicting the dangerous baseness of the emotions characteristic of mass infection, though he underestimated—and we should beware of falling into the same error—the exalted and even idealized emotions that can be aroused by the same proceeding.

The group or mass affections that have been most startling in the past quarter of a century, connected with what are called ideologies, have much in common. Indeed it has not been easy for an outsider clearly to distinguish between different ones that are sometimes presented to us as contrasting with each other. What we generally observe is a minority group seizing absolute power and maintaining it by relentless methods: mass propaganda on the unscrupulous lines taught by Le Bon, terrorizing of the population by means of a ruthless secret police, and 'liquidation' or torture of all opponents, open or suspected. Sometimes we are told that the aim of the rulers is deification of the People and at other times deification of the State, but such distinctions in aim do not always lead to much visible difference in practice.

It is certain that these mass movements would be impossible in a stable civilization, and are intelligible only as a reaction to the experience of acute distress, whether of political or economic origin. The factors here were numerous, and it will be a hard task for the historian to determine the hierarchy of their importance: insecurity about the present or future, with the attendant dread of chaos, terrifying inflation with its transvaluation of all economic values, mass unemployment, severe famine conditions, all accompanied by the depressing sense of defeat [4] which the unconscious mind always translates

[4] For reasons obvious only to Italians, Italy, although technically victorious, developed a sense of defeat after the last war.

into the signification of punishment for guiltiness. Such a prevailing state of despair provides the classical background for violent action, i.e. a revolutionary movement, and there is a ready response to, or at least acquiescence in, anybody that promises salvation vehemently enough. For the clamor is for salvation from despair. The situation feels too urgent for any sort of scientific inquiry into the most appropriate remedies, just as an uneducated person who is dangerously ill clutches at the quack promises he prefers to a medical diagnosis.

In bygone ages when belief in the goodness of life and self-confidence were not at a low ebb, the profferings of religion were often eagerly accepted. During the decline of the Roman Empire, for instance, there were two competing ideologies, and both were religious: Christianity and Mithraism. Psychoanalysis has had no difficulty in showing that the basic biological complex to which both of these appealed was the father-murder guilt of the œdipus situation, although they offered contrasting solutions of it. We learn from the Roman example alone that one effect of social distress on the individual is to reanimate this complex, and it offers an important key to many of the great reactions of our time. Much of the passionate violence in the response to external depressing factors emanates from the fount of energy pent up from infantile life but always ready to be reanimated by the appropriate situation. It would seem that religion in our day has lost, perhaps for ever, its power of canalizing distress: its solutions are no longer believed in with the necessary fervor. Many writers have nevertheless, it is true, pointed out that some of the emotions nowadays attached to ideologies have a similar origin to the religious ones: the communists appeal with fanatical conviction to Marx their Allah, or to Lenin his prophet, while the Axis harks back to their ancient divinities Thor and Bellona.

These great social reactions display a close enough resemblance to those of our patients for us to be able to say something about the psychology of them. Above all it is important to grasp that they are not idiopathic, that they do not arise from any inborn propensity to sin on the part of any particular

people, although a national tradition and history are of course of importance in determining the reaction. But reactions are what they are, reactions to social situations strengthened by the defense processes that try to protest against the intolerable anxieties and guilts these situations have stirred. It is of great political importance that this should be recognized, since, in any endeavor to hinder future reactions of the same devastating consequences, there will be a much better prospect of success if the situations to which they are reactions are dealt with, than if they are regarded as spontaneous outbursts of devilry. One psychological feature of such reactions was mentioned above: the regression to father hatred, of which the so-called class warfare is a perennial expression. Just as the infant makes its father responsible for all its inevitable privations, anxieties and sufferings, so do most unhappy, unfortunate or unsuccessful people look hurriedly for some scapegoat to take from them any responsibility they may feel for their fate, and they naturally find it in those who have suffered less at the hands of fate. The Nazis had a particularly ingenious, and from their point of view a very successful, paranoid mechanism to further this psychological projection: they asserted that the powers that be had been poisoned by a malignant group of people called Jews. The consequences of their assertion have horrified the world. A second psychological feature of the reactions in question resembles what Melanie Klein has termed the manic defense against depression. The despair and poverty of the ego is dealt with by developing a state of exaltation in it, often after identification with a source of strength such as an appropriate leader, and this is accompanied by a great intolerance of contradiction with a characteristic tendency to violence. Here again we are on familiar social ground.

The practical trouble about these mass reactions is of course the oppression and ill-treatment of other people to which they inevitably lead. Here brutality becomes the center of the problem. One of the most remarkable features about the Nazi mentality is the extent to which their tradition and training have succeeded in making high degrees of brutality and

cruelty ego-syntonic: the processes at work here are in themselves worthy of a special study. In combatting such an undesirable state of affairs, by firmness and if need be by force, we encounter great subjective difficulties. The forms of cruelty fostered would often seem to surpass what were thought to be human limits, as they obviously surpass any bestial behavior of which we have knowledge. Now it may be doubted whether any but the actual victims have the power of imagining such things with any degree of vividness except those who derive a directly sadistic pleasure from the thoughts or accounts of them, and such indulgence has of course little social value. As a rule the mind recoils from the horrors either violently or angrily or, more often, withdraws by all the varieties of denial and discounting to actual complacent ignoring. The remark that 'stories of atrocities are exaggerated' is occasionally true, and that condones the far greater multitude where the stories are mild understatements of the truth. How to retain a strong impression that will serve as an adequate spur to action and yet not affect one's mental balance is an as yet unsolved sociological problem. It is in the solving of such a problem and the many other cognate ones that I see a new field opening before psychiatry.

AFFECTS, PERSONAL AND SOCIAL

BY GREGORY ZILBOORG, M.D. (NEW YORK)

I

The differentiation of affects which the title of this paper implies cannot be made without a great number of qualifications.

First, it is impossible even to imagine an affect without the bearer thereof, which is always a person. Are not then all affects purely personal? On the other hand, it is just as impossible to imagine a purely personal affect—even in a semi-civilized individual—in which social motivations do not play a variable and, in the main, a considerable part. Confusion seems therefore unavoidable. At the present state of our knowledge, perhaps the most we can expect from the examination of personal and social affective reactions is a mild degree of clarification, rather than a solution of the problems involved.

Pre-freudian excursions into social psychology were mostly nonpsychological—purely morphological or phenomenological—because they were based on synthetic observations and the intuition of the individual writer. Most of the writers were sociologists; a few were general or philosophical psychologists. Some of the intuitive divinations of these writers proved quite correct, but as these men did not have at their disposal a comprehensive psychology of the unconscious, the greater part of their brilliant intuitions remained conceptual constructions. Le Bon recognized the rôle of unconscious factors in the behavior of crowds, but having no conception of the dynamics or the structure of the unconscious, he was never able to state clearly the nature of the unconscious factors which enter into social psychology. Le Bon also recognized the hypnotic, contagious nature of mass behavior. So did Tarde, who formulated his laws of imitation and synergic

Read at the New York Psychoanalytic Society, April 25, 1944.

psychology, which we in America unwittingly borrowed in part and propounded under the name of interpersonal psychology. But Tarde, like Le Bon, went little beyond the formulation of phenomenological concepts, because neither the source nor the dynamics of imitation and synergic psychological reactions were clear to him. The psychology of the unconscious was formulated by Freud after Tarde had made his major contributions to sociology.

Mikhaylovski, who toward the end of the nineteenth century collected an immense amount of material on the behavior of masses, actually discovered what we would call today the rôle of the father or father image in mass behavior. He repeatedly pointed out the rôle of the hero, the leader, i.e. the father, in every collective act. Even seemingly spontaneous and impulsive outbreaks—lynchings, pogroms, panics—Mikhaylovski found are initiated by a leader. Although such a leader is not always visible, it is from him that the impulse first comes which electrifies the mob, as if by a mysterious force of contagion, and releases mass actions. Mikhaylovski cited innumerable pertinent illustrations, all well observed and well documented.

Yet Mikhaylovski never was able to go beyond the statement of the fact. The psychology of affects and their unconscious constellations were unknown to him when he wrote his essays on mass psychology, essays written to prove that the individual hero plays a definite rôle in history and therefore to disprove the Marxian emphasis on the laws of historical development, which denies that individual heroes can make or change the course of history.

Marx—strange as it may seem to the majority of freudians and not fully initiated Marxians—more than any other philosopher of history, sociologist or social psychologist, was close to some of the basic conceptions of social psychology which Freud first sketched rather briefly and not too definitely almost three-quarters of a century after Marx's basic formulations became available. Freud, as we know, stressed the rôle of the unconscious in mass behavior, the essential passivity of the

individual in relation to the dominating group, the rôle of the mechanism of identification in social relationships, and the essential differentiation between the ego and the ego ideal in matters of group behavior. Marx stressed the rôle of the *superstructure,* which has all the earmarks of what we know under the terms 'rationalization' and 'moralization' of certain social standards. Marx stressed the importance of ideology, which he stated might run counter to the true ideology of the given social class. He obviously sensed the rôle of the unconscious as a dynamic force, and also clearly saw the possibility of the ego's acting against its own interests by identifying itself with an ego ideal which was hostile to its interests. It is in this manner that a true proletarian might develop a bourgeois ideology, and a middle-class intellectual a proletarian one.

It is difficult to rid oneself of the feeling that a true scientific social psychology would have been born much earlier had Marx known the dynamic biology of the unconscious. And we today would have been closer to a better understanding of psychosocial problems had Freud not at first limited himself to giving us only hints on the subject and later countenancing the almost too simple parallelism which allegedly exists between individual and social psychology. Freud's first and last attempt to lay the foundation of a social psychology was made in 1921 when he published *Massenpsychologie und Ich-Analyse.* This contains some of the most valuable contributions of psychoanalysis to the subject; it also contains some of the most flagrant mistakes, which have since, despite their erroneous nature, almost fully established themselves as postulates in psychoanalytic sociology.

That the individual cannot psychologically be isolated from his social atmosphere was clear to Freud from the outset. '. . . Only rarely and under certain exceptional conditions', says Freud, 'is Individual Psychology in a position to disregard the relations of the individual to others. In the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent, and so from the very first Individual Psychology is at the same time Social Psychology

as well.'[1] And further, 'Each individual is a component part of numerous groups, he is bound by ties of identification in many directions, and he has built up his ego ideal upon the most various models. Each individual therefore has a share in numerous group minds—those of his race, of his class, of his creed, of his nationality, etc.'[2]

One might well ask whether, under these circumstances, there is any real sense in attempting to differentiate between personal affects and those of a social nature. Are they not so interwoven that the task is actually insurmountable? Moreover, what might be the value of such a differentiation? Is it essentially anything more than an academic question? However, a closer inspection of the problem, even before any attempt at its solution is made, would reveal that it is much more important than appears at first glance.

First, it is important for psychoanalysis itself. Is it not a well-known fact that this intimate intertwining of the personal and social has produced considerable confusion, so that the whole scientific texture of psychoanalysis—theoretical and practical—has become of recent years rather frayed? Those who wished to take proper stock of the social components of individual psychology, overreaching their own efforts, plunged into culturalism more simple than pure, and proceeded wholly to reject the biopsychological foundation of psychoanalysis as being perhaps too fortuitous and too 'personal' a component of human psychology. On the other hand, the demand which history itself makes today with ever-increasing persistence, that a solid, scientific, social psychology be formulated, leads the majority of social psychologists and sociologists to reject psychoanalysis as inadequate, since it seems to lack a comprehensive social theory. At the same time psychoanalysts themselves, and those who are vaguely under the influence of psychoanalysis, responding to the demand for the formulation of an adequate social theory, proceed along the lines of an

[1] Freud: *Group Psychology and the Analysis of the Ego.* London: International Psycho-Analytical Press, 1922, pp. 1–2.

[2] *Ibid.*, p. 101.

ill-founded parallelism. They consider society, or culture, a purely restrictive phenomenon, an institution that represses and suppresses the free flow of the libido; they think therefore that, like a human individual, society suffers from repressions, instinctual conflicts, and tensions which finally lead to so-called social neuroses. The relationship, one and indivisible, called man and society becomes under the circumstances a dichotomy and conflictual apposition—man versus society, or society versus man.

The original pre-freudian confusion thus becomes fully reëstablished: the culturalist busily and with due solemnity buries psychoanalysis; the sociologist follows suit; and the psychoanalyst, transposing the general theory of neuroses onto the field of sociology, is not averse to reiterating funeral orations in memory of economic sociology, which is allegedly dead and buried under the edifice of the libido theory.

One cannot resist recalling Robert Boyle's remark in a letter to his former tutor Marcombes, written on October 22, 1646, in which he refers to the funeral of the Earl of Essex: '. . . And thus he, that had escaped so many mutinies, at last perished by a mutiny of humours. But I have usually observed, that in these great funeral solemnities, the pageantry of sorrow has eaten up reality. . . .'

The reason for all this is actually not a fault of the substance of psychoanalysis, but rather a mistake of many of us who in following Freud assumed an attitude known in jurisprudence as *stare decisis*. Even a casual remark of Freud, made at a time when he had not yet studied the given question in proper detail, became a kind of postulate—until and unless Freud himself deepened his studies and restated or revised his previous conclusions. This happened with the problem of anxiety; it also happened with the problem of the pregenital œdipus complex. But Freud was an incorrigible individualist—a characteristic which he owed to his personality make-up as well as to the golden age of individualism which the eighties and nineties of the past century represented. Freud was not a sociologist and did not claim to be one. His con-

tribution to sociology was more an intent than a fact; he left it to his followers to make the real contribution in that field. But events within psychoanalysis itself, and the cataclysmic history of the last three decades, were not very helpful to Freud's followers. The problem remains confused and unsolved.

II

I do not presume here to be able to repair the damage wrought by so many factors, nor do I hope to be able to build a solid foundation for a psychoanalytic sociology. My aim is much less certain and my goal much more modest. Should I succeed in tracing a proper direction line and point out the methodological approach which appears to me correct, I would consider my task amply fulfilled.

To this end let us establish the fact that what Freud says about mass psychology is wholly pertinent as far as crowds, mobs, are concerned. In the descriptive part of *Massenpsychologie* Freud does not disagree with Le Bon or McDougall, whom he quotes, nor with many others whom he does not directly quote or mention. Freud's contribution to this problem is not to the descriptive data but to the dynamic psychology of the mob: the regressive nature of mass behavior, the special relationship of the ego to the individual when he is a member of a mob, the impulsiveness and affective primitiveness of the crowd. What the older writers described correctly without understanding, Freud explained in terms of psychological dynamics. Freud would certainly have agreed with Lester Ward, who before McDougall and long before Freud said this about mass behavior:

'The social mind sometimes seems to be embryonic, i.e., to take the form of the more primitive mind of man as we observe it in uncivilized races. This is due to the fact that in manifestations of the social mind the artificial restraints of civilized life are removed. The period of the evolution of civility is very short compared with the precivilized period, and the coat of civility is thin. "Scratch a Russian and you

have a Tartar." Scratch a savant and you have a savage. . . . The acts which would be objectionable in private life are shifted to the broad shoulders of all the rest. No individual holds himself responsible for them.'[3]

Freud, the individualist, looked not only upon the mob but upon society as a whole as a restrictive colossus injurious to the individual. The Church and the Army, which he cites and for some reason calls 'artificial' societies, are to him the best examples of the complete restriction of man's instinctual life. Society, according to Freud, demands that man's instinctual aims remain inhibited. This is true, of course; but it is highly doubtful that 'All the ties upon which a group depends are of the character of instincts that are inhibited in their aims'.[4] However, once the principle is thus stated without qualifications, it is not difficult for Freud to carry it to its logical conclusion. 'Two people', he says, 'coming together for the purpose of sexual satisfaction, in so far as they seek solitude, are making a demonstration against the herd instinct, the group feeling. . . . It is only when the tender, that is, the personal, factor of a love relation gives place entirely to the sensual one, that it is possible for two people to have sexual intercourse in the presence of others or for there to be simultaneous sexual acts in a group as occurs at an orgy.'[5]

Here we have the first hint that the personal trends, when based on love and tender feelings, are antiherd, antigroup—let us say paradoxically antisocial—while the sensual, aggressive trends do not interfere with herding or grouping. It is almost irritating, and quite frequently so, to find some astoundingly profound intuition of Freud's dropped so casually, without further elaboration and without its ever being recaptured. Let us make a note of this hint, that grouping of individuals might be based on aggression or even on instinctual license, and that love instead of propitiating might run counter to the gregarious nature of man.

[3] Ward, Lester F.: *Pure Sociology.* 2nd edition. New York: The Macmillan Co., 1914, pp. 91, 92.

[4] Freud: *Group Psychology, loc. cit.,* p. 120.

[5] *Ibid.,* p. 121.

If this is actually the case, Freud should have drawn somewhat different conclusions. Instead, he proceeded to view human groups as highly labile formations which are under the pressure of regressive trends. He established more than inferentially that groups frequently *regress* to lower libidinous levels and that society, like an individual, can regress to pregenital levels. From this point on the conclusion became inevitable that society, like a person, can suffer from various pathological reactions, can have and live a neurosis to the detriment of itself.

Thus the psychoanalyst himself began to speak of a social mind as if it possessed the same characteristics as the individual mind. In this respect it would seem that the psychoanalyst was constrained, as if by a force greater than he knew and understood, to pay tribute to that human weakness which is known as anthropomorphism, which in many fields psychoanalysis has combated with so much conviction and success. This anthropomorphic proclivity of our scientific thought has been particularly noxious in the field of sociology. Man seems to resent society, and yet in his imagination he would create it in his own image. When Darwinism took possession of sociological thought, we conceived of society as an anatomico-physiological apparatus. As I have mentioned elsewhere, Worms saw in the stock exchange the heart of society, in the telegraph and telephone apparatus the nervous system, in the railways the circulatory system, and in the judiciary and the police the excretory apparatus of society. Durkheim considered the primitive horde as the social protoplasm. Lilienfeld (a Russian, not a German) considered conquest a process of fertilization, the conquering race spermatozoa, and the conquered race the ovum. Thus the imperialistic age of the latter part of the nineteenth century, with all the power of its capitalistic, industrial growth, found a way of expressing our human anthropomorphism in biological terms. Our age has found it possible to express the same anthropomorphism in psychological, or psychoanalytic, terms.

The basic fallacies and contradictions which are generated

by this anthropomorphism in social sciences might perhaps come to light better if we approach the problem in the manner unwittingly suggested by Le Bon, whom Freud quotes as follows: 'The group is a provisional being formed of heterogeneous elements, which for a moment are combined, exactly as the cells which constitute a living body form by their reunion a new being which displays characteristics very different from those possessed by each of the cells singly.'

Perhaps it *is* possible, without departing from the empirical data of psychoanalysis, to render unto the cells what belongs to the cells and to the group what belongs to the group, without doing any violence to either, or to the basic principles of psychology.

III

Affects are probably the best indicators of what forces are involved in a given aspect of human behavior. Psychoanalysis, whatever its other contributions to knowledge, has established the fact that the essential motive power of man is affect. Even the otherwise mechanistic psychologist Descartes refused to persuade himself that 'nature has given to man any passion that is always vicious and has no good and praiseworthy purpose'. On the contrary, he was inclined to believe that 'it is upon the passions that depend all the good and all the evil in this life'. It was Descartes who introduced the term 'emotion', which we designate more frequently now by the older term 'affect'. The affect, springing from various instinctual constellations, is the *fons et origo* of all human behavior, personal and social.

Let us return now to the cell, to the individual, and catch a glimpse of some of the characteristics of personal affects. In this endeavor, no other branch of social sciences has a greater advantage than psychoanalysis because psychoanalysis has a clinical laboratory: its therapeutic technique is simultaneously a research technique. Neither the historian nor the economist has such a powerful scientific tool.

Now a clinical example: a married woman in her middle

thirties, in advanced stages of psychoanalysis. Her major difficulties were an inability to have a vaginal orgasm and a fear of going 'alone' on trains, or into theatres or other public places, or to functions such as dinners or meetings. 'Alone' to her meant without her husband, although as the analysis progressed she became aware of anxiety even when on occasion her husband did accompany her. The anxiety appeared to have no ideational content. She was just 'uncomfortable' . . . 'Yes, perhaps frightened', but 'was thinking of nothing' except of not wanting to go where she had to go or 'of getting out of the place as soon as possible' once she did happen to get there. In all other respects she appeared a rather 'normal' person, sociable, kind, well-mannered, poised. She was a good mother, although her almost conscious hostility toward her children occasionally appeared in the form of irritability which shifted at various periods from her oldest child, a boy, to her older girl. Her attitude toward her third child was invariably affectionate. She lived 'through' this little girl: she identified herself deeply with her and had ambitious daydreams about her beauty, talents, and social success.

The patient reached a point in her treatment at which she was able to force herself to go to various social functions, even when the anticipatory anxiety was great, and stay till the end even if the anxiety continued to persist. Her anxiety took the form of 'inner trembling', tension and profuse perspiration. One evening she was going to a symphonic concert. She anticipated the concert with great pleasure and yet with forebodings. She was going with friends, without her husband. It was a charity affair. Tickets were very expensive; her husband at first refused to buy a ticket for her, but finally, just a few days before the concert, he paid the price and she went. She sat in a box with friends.

This is what she reported next day at her analytical session:

It was a beautiful concert, but she did not feel right. She loved the Brahms symphony. Now she knew that she loved music, and she could listen to it with pleasure and understanding. It was pointed out to her at this moment that she

seemed always to have loved music and always to have liked to listen to it. True, but somehow this time she had got the conviction 'that she could do it'. Brahms stirred her, but she began to feel uncomfortable and wondered whether she should not go home. Tschaikovski's Sixth, which followed, was so very beautiful, but she was trembling and perspiring and wondered whether she should stay. She did stay, but she heard it half-listening. The music, so wonderful and so deep, was coming as if from a distance. She was 'bathed in sweat' and 'just had to go', but she stayed till the conclusion of the symphony. There was a brief intermission which was to be followed by Beethoven's Fifth. She could not stay any longer. She had to go. She excused herself. She told her friends that she had spots in her eyes, and went home. 'It is so much more glamorous to say that you have spots in your eyes than to complain of a mere headache.'

When she came home she had to remove her clothes at once because they were soaking wet as if drenched by rain. Even her skirt showed wet spots of perspiration. The patient was sobbing as she completed her report; it was so unfortunate always to feel this way and not to know what it was all about, so discouraging, 'so hopeless'. She felt she did not understand anything about it, and yet she felt 'on the verge of something'. She continued to sob. She knew not what that something was. She just could not 'put together' her feelings and did not understand her thoughts, because she 'had no thoughts to hang on to'. Brahms 'made her think of nothing', Tschaikovski's Sixth 'also of nothing'. She was asked whether she knew that the Sixth was Tschaikovski's last? No, she did not know this and added that she did know that Tschaikovski was always afraid to conduct an orchestra because of the fear that 'his head would fall off while he was conducting'. I said I had never heard that Tschaikovski was afraid that his head would fall off. The patient, surprised, stated that she did not know why this had come to her mind—yes, she had thought of it even when she was at the concert. Oh yes, she now recalled that she did know that the Sixth was Tschaikovski's last; she

had even heard about it on the radio a day or two before the concert. Tschaikovski died shortly after he completed the Sixth—she even thought about that at the concert.

At this point the patient confessed that, as she sat in the box just before the Sixth began, she suddenly saw herself all alone in the box, absolutely nude in full view of the audience. There she was, naked, alone, frightened, and perspiring profusely with a consciousness of horror. This is when she felt that she had to go home; she could not listen to Beethoven's Fifth, particularly the Fifth, with its opening bars which became the symbol of V for Victory: 'There was something frightening about this victory.'

A number of stray memories of her childhood, which had come up before in the course of her analysis but had remained disconnected, now reappeared and fell into a pattern: her seduction by an older man when she was six, her yearning and hatred for that man, her hostility and castrative attitude toward her father whom she loved dearly, and toward the analyst whom she consciously admired. All these came into focus when she spontaneously recognized that the evening before she had identified Tschaikovski with her analyst and that she had wished to seduce him as well as to see his 'head fall off', to see him dead, and thus be victorious on both counts of her ambivalence. All these trends became condensed into one intense, exhibitionistic fantasy and severe attack of anxiety.

The psychogenesis and structure of this patient's neurosis need not occupy us here. Our point of interest is the nature and quality of her affect as it revealed itself during the session just described. It is obvious that the ego structure is here preserved to the fullest extent, and that the patient is clearly aware of some strong inner force which impedes her normal functioning. The strong tendency to convert a goodly amount of the object libido into narcissistic is equally obvious. The exhibitionistic fantasy and the reference to spots in front of her eyes as being more 'glamorous' than a headache bear testimony to this narcissistic bent. Her conflict, marked with so much anxiety, is a purely personal conflict. It displays itself

in many forms but remains substantially the same. Outside factors and circumstances seem to serve only as a vehicle for this personal conflict. In this particular instance it was Tschaikovski and Beethoven, but it could have been a novel, or a cocktail party, or a game of cards. Realities of life in all their varieties are *used* by the neurosis; they coöperate as it were with the neurosis but they do not actually affect the nature and inner form of the neurosis. The affect is marked by severe ambivalence: in the unconscious love and hate rage simultaneously, while in the conscious, love, or striving for loving and being loved, predominate. At the same time, the realities of life which serve as a vehicle for the neurosis are also appreciated as realities, and are treated as such.

This predominance of the motif of love, and the treating of reality both as reality and as stimulus and vehicle for one's fantasies, is characteristic not only of the clinically defined neuroses, but of poets, artists and normal people. We may therefore state that this is characteristic of what we may designate as 'personal' affects. I do not overlook the fact that these personal affects are actually very complex. They are here artificially stripped of many elements merely to demonstrate their most outstanding, gross features, which for our purposes will suffice.

These personal affects differ radically from those which originate primarily from group reactions. That they differ from the affective reactions of individuals who are parts of a mob is self-evident. Like a member of the mob, the individual who is under the spell of personal affects needs no 'ideology' (he does not 'explain' his affects—he is more frequently baffled by them); but unlike the member of a mob, the neurotic or the normal is not as labile, not explosive. His aggression is not direct, no matter how violent it may be unconsciously. The member of a mob immediately after the act of violence is unable to explain why he acted the way he did; his ego during the mob action is lost in the violent explosion of that which Le Bon called 'contagion'.

It is not difficult to discern that one's *social* behavior is

different from one's behavior as a part of a mob. Nor can it be equated with the behavior of the normal and neurotic in relation to his own unconscious conflict. Also, it is not very difficult to observe that one's affects regarding social problems, or public issues, are different from those related to one's neurotic conflict, while at the same time they are quite different from those of a member of a mob. The social affect does appear more intense at times, but not so intense as the affects displayed by a mob. The ego, too, seems more integrated in social behavior, and consequently one's social behavior does not show the primitive, impulsive, explosive nature. What is then the nature of the affective components of our social reactions? We shall look in vain for an answer in the many studies of social psychology, because these studies deal not with social but with mob psychology; this is certainly true of Le Bon and McDougall and Trotter, whom Freud cited, and to a large extent of Freud himself.

The first feature of social reactions which appears important is this: like a neurotic or normal biopsychological reaction, it is admittedly personal. Man considers his opinions on public issues his own; he may share them with others, others may share them with him, but this he avers is because he *agrees* with the others or because the others *agree* with him. This is different from the case of a member of a mob, who more frequently than not states that he does not know what came over him when he joined the crowd in doing this or that, that something impelled him, that he really was not himself, that he 'may have acted like a fool'. Only on certain special occasions, such as a parade or the funeral of a hero, does the member of the mob accept his actions as his own.

Another characteristic of social affect and behavior: it is not impulsive. It is stable and steady and it is marked by an enduring sense of loyalty. This sense of loyalty, by the way, is not extended to society, to the state, or to humanity as a whole. It is a loyalty toward a specific group within the social whole; it is a preferential loyalty toward one's coreligionists, race, economic class. It is a combative loyalty; the social

reaction is that of a person who always stands ready either violently to defend the rights and interests of the specific group to which he belongs, or to combat the rights and interests of another specific group whose fundamental aspirations happen to be contrary to those of his own.

The normal and the neurotic experience their affects directly, and they may rationalize but they do not as a rule idealize them. The member of the mob is most frequently unable to explain his feelings and seldom tries to explain them. But the man who states his social feelings and reactions has an absolute need to idealize them, to formulate an allegedly rational and ethical ideology. His ideology is indispensable. The neurotic and the normal are rather humble about their purely personal feelings; the member of the mob is even more humble—at any rate, he is never very proud of himself when brought to his senses. The social affect carries with it more than a tinge of megalomania; it is something felt and thought for the common weal; it is a conviction; it is something one is ready to defend even at a considerable personal sacrifice.

Let us note right here that various groups within the social whole, while enjoying the agreement between the members of the group—be it a chamber of commerce, a consortium of bankers, or a trade-union—keep a watchful eye on those individuals and groups which disagree with the given group, always busy and always ready to challenge and meet the dissenter accordingly. In other words, it is not so much the harmony of individual interests within the group that matters, but the disagreement with other groups. That is to say, it is not solidarity based on love, but cohesion based on hate of the 'external enemy', which is supposed always to be present and always ready to strike.

It is obvious that the determinants for these affects are not purely libidinal in origin. They seem to be determinants which utilize our libidinal equipment for the special purposes of the given groups, subgroups within the larger social unit. These determinants are laden with emotions but are apparently not of purely emotional, biopsychological origin. They are the cultural, economic determinants which capture the psycho-

biological apparatus of man. The culturalist would do well to differentiate these determinants carefully; their importance cannot be overemphasized in the behavior of man. But to ascribe to them the exclusive rôle in the formation of neuroses is equal to ascribing the cause of typhoid fever to the filth of the slums which have no adequate sewage system, to overlooking the specific biological characteristics of the typhoid bacillus and the lower intestine of the human, and to attempting to cure the individual case of typhoid fever with a reëxamination of the sewage system of the patient's community.

It is the cultural, economic factors which appear to be the most important determinants of the social affects, giving the latter their specific characteristic. As I have just said, these affects operate in an atmosphere of watchfulness; they are ready-to-shoot sentinels; they are marked by hate. Does this mean that our social affects are devoid of eros? Not in the least. The normal and the neurotic love an object and the object is specific. The member of the mob loves his hero in true ecstasy; he is ready to prostrate himself with an *Ave Caesar, morituri te salutamus.* The social affect of love is not directed toward the individual members of the same class, not fully at any rate. Members of the same class in our culture love one another by way of narcissistic identification. There is deep ambivalence in this love, with hate as a major partner of the symbiotic love-hate. The moment one 'betrays his class', one is dropped and subjected to complete ostracism. Love, in the social sense, is an affect which appears almost impersonal; it is directed toward a remote, invisible goal, toward a future ideal. The cathexis is on the fantasy, not on the object. The only instance in which the feeling of love is shifted from pure fantasy to some elements of reality is love for the class as a whole, the organization, the institution. Here the impersonal character of love is even more prominent, since it is directed onto a disindividualized aggregate which is to be defended against injury and intruders. And the keynote here too is more dissent than agreement—for the ideal must be defended against assailants.

Let us now very briefly enumerate some of the various

instinctual elements which are brought into play in the above-mentioned nuances of social affects. I spoke of hate which is naturally coupled with aggression, destruction. This in turn is combined with the drive to power. The drive to power is expressed in that specific form of hoarding euphemistically called the accumulation of wealth. The neurotic and the normal are ashamed of their tendencies to hoard, or to being slothful, and even consider it vulgar to display their money and just do no work. The social affects aspire to the accumulation of solid wealth and to living idly among amusements. The personal affective reaction is against murder; the social affect is always out 'for justice', which so frequently means the supreme penalty. The normal and neurotic reject revengefulness; the social affect cannot be stilled unless the drive to punish, to avenge, to exact an eye for an eye is fully gratified. The normal and the neurotic reject selfishness and boastful self-delight; the social affect is conspicuous for its glorying in the so-called 'enlightened self-interest' of the given class, or state, or fraternity, and in the constant eulogies of their respective past, current, and future greatness, achievements, goodness, and perfection, in peace and even in war—particularly in war.

We might go on in the same manner at considerable length, but it must have already become obvious that social affects are based on the gratification of all or of most of those pregenital libidinous drives which the personal affects are always thwarting. By emphasizing this aspect of social affects, I do not mean to overlook the restrictive, thwarting influence which society exercises on the instinctual drives of the individual. By stressing the pregenital nature of social affects in man, I wish merely again to underscore the fact which I have stated elsewhere, that under the cloak of ideology and complex rationalizations our civilized social structure is based on a foundation of pregenital drives which are given much greater play in our social functioning than the genital, object-libidinous ones. This is true only from the standpoint of psychobiological dynamics. Perhaps this is the reason that Freud spoke of love as being directed against the herd instinct, and that only

regression to the sensual does not militate against and on occasion propitiates the gregarious trends. The problem of values cannot be gone into now, and it certainly lies outside the field of purely psychobiological considerations of man as a member of society. Values and ideals are not the spontaneous product of organized society, and their origin is to be found elsewhere.

We can now state that social psychology is the psychology of the pregenital drives in the permissive setting for many centuries afforded by our culture. The individual who functions or tends to function on this level is considered as having regressed to a lower level. Society, on the other hand—from the standpoint of the instinctual forces which its members must utilize to make it function—always functions on this pregenital level. It does not regress to it from a higher one. It rises toward it and lives primarily on it. That is to say, the pregenital, partial instinctual drives of each individual who enters into the formation of society must be mobilized and used in order to maintain this 'provisional body of cells'.

Therefore, as long as we consider only the psychobiological nature of the forces which are at work in the body social, we cannot speak of it as now functioning on a lower, and now on a higher, libidinous level. It cannot in this respect be psychologically sick. In periods of social crises it cannot be said that society regresses to a lower psychological and libidinous level, any more than we may consider an ape a regressive form of man, even though man may be a higher form of ape. 'Social neuroses' are therefore contradictions in terms and social therapy in the psychological sense, a *non sequitur*. It is only our anthropomorphic bent that makes us fantasy society as a psychological, clinical entity which has a case history with definite indications as to psychological, or as it is termed, educational therapy. Social therapy lies outside the scope of clinical psychology; it must be a branch of sociology, in which economic factors are combined with ethical social values. For psychology cannot cure the economic and cultural forces of our society which lead to inequality, hatred, crises, and slavery of man at the hands of man. Psychology cannot cure these forces any more than economics can cure an anxiety neurosis.

A SPECIAL FORM OF SELF-PUNISHMENT

BY RUDOLPH M. LOEWENSTEIN, M.D. (NEW YORK)

'Et votre châtiment naîtra de vos plaisirs'.
—Baudelaire, *Femmes damnées.*

Freud describes the relationship between the id and superego functions as a very intimate one. The severity and harshness of the superego originate in the id drives, and one of the functions of the superego, self-punishment, regresses frequently to its instinctual origin, thus often bringing about the sexualization of the punitive function.

A particular type of relationship between these two psychic structures has been defined by Alexander as the *venality* of the superego; that is, in reference to its characteristic of sometimes relaxing its severity. This relaxation occurs when the superego has, immediately before, exercised its rigorousness to the fullest extent. As Alexander puts it, the superego has been bribed by this punitive act and can now permit the gratification of another instinctual drive.

It is my intention to describe a third type of interplay between id drives and superego forces.

During the course of analytic treatment, a young man recounted to me the following dream which he had had at the age of twenty, the night after the death of his father in a railroad accident: 'I see my own face, as in a mirror, but I am aware that it is my father's face. I have his mustache, and like him I am slightly bald.'

At the time of the dream, the patient was living far away from his family, in a foreign country. He learned of his father's death by cablegram. He had left his family in consequence of a serious disagreement with his father, in which the latter had reproached him for leading a dissipated life and, in particular, for carrying on an affair with an older woman. Prior to this quarrel the patient had always been strongly attached to his

father, although always disagreeing with his interests and ideals. The occasion to which we have referred was the first and only quarrel that he had ever had with his father. The patient was one of those men whose rivalry with the father does not display itself through open struggle and constant hostility, but in striving for success in areas which are opposed to those in which his father has made good. His separation from his family and his expatriation were, by the way, among the manifestations of this kind of solution of the œdipus complex. It is not surprising that this young man had strong unconscious guilt feelings whenever his behavior resembled that of his father, and especially when he had reason to be proud of this resemblance. One might define these reactions by saying that the patient could not allow himself to identify himself with his father.

The situation at the time of the dream was, briefly, as follows. Contrary to the dream, he had no mustache and his hair was abundant, a circumstance which was a source of pride to himself and of admiration to his numerous mistresses, who considered it a proof of his virility. At the time of his father's death, his psychological condition was influenced by the presence of an older woman who happened to be living in the same town, and who had formerly been a friend of his parents. This woman was the only person closely connected with his family whom he had seen since he left home. The patient knew that she had been his father's mistress years ago. He saw her every day and, in spite of the fact that she was extremely unattractive, he could not rid himself of fantasies in which he longed for her to appreciate him in his male qualities. Aside from this, he was moved to feelings of regret and nostalgia by the things which she was able to tell him about his parents and the circumstances of their lives. It was at this moment that he received the news of his father's death. Thus the dream becomes intelligible. It represents the fulfilment of the wish to take his father's place and, at the same time, the punishment for that wish. The dream could be translated in this way, 'You wish to be like your father. You will take his place—that is all right—you will succeed since he is no longer alive.

But, like him, you will become bald and impotent and, like him, you will die.' The latter part of the interpretation is confirmed by the fact that immediately after the father's death, the patient developed a mild form of railroad phobia, which lasted for some time.

While the method used in this dreamwork is not uncommon, the dream seems to be an example of a particularly successful condensation. Dreams of this kind achieve the aims of two mutually opposed tendencies in the same image, so that one of the tendencies seems to be the logical consequence of the other. Indeed, the wish to take his father's place leads inevitably and logically to his becoming bald, old, and we might say impotent. It is obvious that this consequence is only apparent, since the unconscious wish of the dreamer, which we translate as the wish to be 'like his father', originates at an early age and is, in the beginning, aimed at replacing his father in relation to his mother and being potent like him. This desire had been revived by the presence of his father's former mistress. Thus one of the aims of the dream is the fulfilment of the wish to take his father's place; the other, and opposed, aim expresses both censorship and self-punishing tendencies. In both a technique of dreamwork is employed which could be defined as taking the unconscious wish at its word. 'You wish to be like your father. Very well, you shall have your wish—you shall be exactly like him—you shall be bald, which means impotent, castrated, and you shall die.'

This method of taking the unconscious wish at its word, used by the superego against instinctual drives, is not uncommon in fairy tales and mythology. For example, Midas begged the god Bacchus to give him all the gold he wanted, and was permitted to turn everything he touched into gold; his cupidity was punished by the transformation into gold of his very food and wine. In the realm of pathology, however, the compulsion neuroses furnish the most frequent instances of this self-punishing mechanism.

Allow me to cite now an example drawn from the analysis of a very severe compulsion neuroses, a *folie de toucher*. The

main obsession of the patient was the fear of coming in contact, either directly or indirectly, through a kind of contagion, with all women resembling a maid she had had several years before. In order to avoid these contacts, she would take innumerable precautions and would, moreover, use complicated and prolonged washing rituals. For this purpose she had a portable shower, a spray nozzle on a long rubber tube. One day she recounted to me a new obsession which had been haunting her since the preceding evening. Her spray reminded her of this old woman, so that even her washing had become contaminated. She was in a state of the most intense anxiety. (I must first explain that one of the motivations of her neurosis was due to the ambivalence conflict with her mother.) The new symptom had been provoked by an encounter on the street with an old woman who, as the patient observed with mingled horror and a kind of half-suppressed mockery, had a small head and a long neck. During her washing rituals the patient never allowed herself to have a 'bad thought'. She exercised rigid control over herself and would make innumerable fresh starts if she had a bad thought during the ritual. It was obvious that the washing ritual expressed, among other things, a compromise and a caricaturing obedience toward her mother. I say 'caricaturing', because the patient had that attitude toward cleanliness so frequent in compulsion neurotics—she would wash her body and especially her hands innumerable times a day, but she would never shampoo her hair and would change her undergarments and bedclothes only once or twice a year. We must assume from her washing compulsion and her fear of having any 'bad thought' during the ritual that it was precisely at that moment that she was especially tempted to revolt against her mother by having aggressive reactions toward her. The obsession which she had of the resemblance of her spray to an ugly old woman leads us to assume that she had unconsciously and irreverently compared the old woman with the long neck and small head to the spray and its rubber tube. Since she had dared to make such a nasty and ironical comparison she had to punish herself—to be punished by her sins

(punie par où elle a pêché). Thus the meaning of this part of the self-punishing symptom can be translated in this way: 'You dare to mock an old woman, like that old servant and your mother, by comparing them to your spray. You will be punished for it. If you touch this spray, it will mean that you are touching that old servant.' The phallic value of the spray and the sexual significance of the washing ritual are clear and the structure of this symptom is a very complicated one; but, in addition, it expresses her ambivalence toward her mother. What is interesting for our purposes is this special method which the superego has used, analogous to that of the dream mentioned above—that of punishing the subject for his unconscious wishes by taking him at his word.

In many other cases the self-punishing method, although slightly different, is related to the one we have just discussed. In the above case the superego punishes by threatening the subject with the fulfilment, or rather the *repeated* fulfilment, of the unconscious but repressed wishes.

A patient whom I analyzed several years ago suffered, among other symptoms, from the obsession that he might have sensations in the rectum when he found himself in the presence of other men. He was obviously terrified by the fear that he might have some homosexual desires. He suffered from this obsession during a period when he was entering upon an affair with a very young girl. After years of a very unhappy marriage, he had fallen in love.

It is important to emphasize the fact that the dominant and domineering figures in the patient's family had been his father and older brother. The patient was the second of five brothers. All the children had been brought up in a very rigid moral atmosphere. From the age of twelve, the patient had struggled vainly against an overwhelming temptation to masturbate. At seventeen, with enormous apprehension and guilt, he had gone to a prostitute. In his complete ignorance of venereal diseases, he went immediately to a doctor, in terror of having contracted gonorrhœa. Unfortunately, he fell into the hands of an unscrupulous physician who further frightened the boy and started

him immediately on a costly and complicated course of treatments. On the second day of the treatment, he examined the patient's prostate gland, saying, as he did so, that the patient would have a special sensation in the rectum. The terrified youngster, to his horror, did experience a sensation in the rectum—a mixture of pain and sexual pleasure. He was so panic-stricken that he fled to his family's home town, where he was examined by another physician; no gonorrhœa was found.

As long as this symptom was interpreted only as the expression of an old passive homosexual desire toward his father and older brother (and it was so interpreted by another analyst), the symptom would not disappear. It could only be correctly interpreted and cured when it was understood also as an expression of self-punishment for actual heterosexual wishes. That is to say, when he fell in love with a young girl, he revived the typical fear, on the œdipus level, of being punished, castrated by his father. This castration fear explains the fear of being contaminated when he first had intercourse and the unscrupulous doctor went so far in his punitive action as to force him to have passive, homosexual reactions. Thus his later obsession which led him into analysis—the fear of having anal sensations—does not so much express the regressively reactivated, homosexual desires. It has, mainly, the meaning of self-punishment, self-castration for prohibited, incestuous heterosexual desires, by threatening to arouse repressed and dreaded homosexual impulses.

Another case is that of a young lawyer. At the beginning of his rather difficult career, whenever he was called upon to display complete self-mastery in difficult situations in which his moral authority was at stake, he was tortured by the obsession that he would 'have an attack' of certain convulsive movements beyond his control, which would cause him to lose face in the eyes of his clients. This obsession can be related to an incident which took place when, at the age of twenty, the patient was going through his military service. At that time a comrade of his played him an unfair trick which might have

had very serious consequences for the patient. The patient had an attack, half-simulated, which was diagnosed by the army doctor as hystero-epilepsy; thus the patient escaped punishment. A deeper analysis traced the apprehension back to childhood tantrums, directed mainly against the mother, in which he would become very violent. On these occasions, the mother would place him in front of a mirror and say, 'See how you look'. The patient remembered that he could not stop these tantrums even when his mother gave in to him. He would explain to her that he could not stop, that the devil pushed him and would not let him stop. The motor outlet of the tantrums can be found again, although transformed, in his half-simulated hysterical attack and his obsessional apprehension of a new, similar crisis. In its different aspects, this motor outlet expresses the same thing—the affect of rage. The hysterical attack took place when the young soldier had been perfidiously tricked; on the verge of severe punishment, he must have felt impotent rage. The compulsive movements of the attack are the camouflaged but adequate expression of it, although on a level of psychic development which was characteristic of the patient at that time. I refer to a narcissistic and passive feminine behavior which was predominantly his at that period.

In this patient, as in all other compulsive neurotics, the aggressive drives were very strongly repressed. Scrupulous and conscientious in the practice of his profession, he was none the less accustomed to consider himself inferior to his colleagues, for whom he always felt an exaggerated admiration. In the beginning of his practice as a lawyer, whenever he would have the obsession, he would be on the brink of completely abandoning his career, considering himself utterly inadequate. The exercise of his profession meant for him, as for so many men, the accomplishment of the œdipus crime—the becoming a man and the competition and identification with his own father. This is what his superego tended to prohibit through the obsession. This obsession appeared whenever the patient was expected to display self-mastery and whenever he had an opportunity of triumphing over someone else. At this level the

obsession expressed the guilt feeling for having attained the rôle of a man, the fear of his older colleagues, the fear of punishment (as during his military service), and the temptation to escape the punishment in the same way that he had actually succeeded in evading it—through a hysterical attack—through behaving in a way the patient characterized as 'ridiculous, feminine, passive-homosexual.' On the one hand, the symptom corresponds to fear—the need for a public confession of his unmanly feminine traits, as expressed in the attack; and this need for public confession appeared frequently in compulsive fears that people could guess his homosexual thoughts. On the other hand, the symptom must be considered as the expression of the awakening of repressed aggressive drives; its main function, nevertheless, is that of self-punishment. This is particularly evident in the inhibition that it provokes in his professional activity, and the fact that the inhibition is always accompanied by the strong impulse to abandon his law practice altogether.

Thus the symptoms must be understood as a struggle between the patient's triumphant, aggressive feelings of being in a position of superiority—of having become a man and of being able to dominate others—and the defense against these drives and even self-punishment for them—the fear that when he is triumphant he may become violent and uncontrolled as in childhood, that he may be in danger of being punished as on that occasion during his military service, and that his only means of escaping the punishment will be to have a hysterical attack. This attack would mean giving up his profession, that is to say, the struggle with other men, and would display publicly his 'narcissistic, feminine, and homosexual' trends as well as his aggressive impulses.

Another example is that of a patient who, among other compulsive symptoms, had that of picking his nose. His conscious reaction to every such act was two-fold. In the initial stage he would feel pleasure, then in the next stage he would be conscious of a painful tension, although a certain amount of pleasure would remain for a time, gradually diminishing until it dis-

appeared altogether. This would be followed by a compulsive tendency to rid himself of the tension by certain purification procedures—scrubbing his nails with a nail-brush and washing his nose thoroughly. The repetition of the act produced pleasure up to a point; beyond that point the subsequent repetitions would produce only painful tension. He had no conscious stipulation as to the number of repetitions which might take place before the pleasure completely disappeared. The dynamics of the symptom showed a progressive transformation from the originally pleasurable symptom to a predominantly punitive one. As time passed the pleasurable stage continued to grow shorter and the punitive stage to begin sooner. Finally, the gratification which he derived even from the first movements of handling his nose became mixed with the unpleasant sensation (although the dysphoria was consciously less pronounced than the pleasure). Also, his expectation of the increase of discomfort tended increasingly to spoil his initial satisfaction. In spite of the decreasing admixture of pleasure in the second phase of the act, the patient began to show an increasing compulsion to postpone, for ever-lengthening periods, the performance of the purification procedures which would relieve his tension. This was particularly true when the compulsion manifested itself during intellectual work, which had also a compulsive character in the patient. He would feel compelled to delay the 'purification' until a certain bit of work was finished, feeling that it would be intolerable to lose the two or three minutes from his work, even though he had a partial understanding of the fact that the continued picking of his nose, instead of the relieving of his tension by his purification rites, had a very disturbing effect on his work. Frequently the finishing of this bit of work did not lead to release but to the immediate setting up of another similar goal. Usually he would not go and wash until his tension had become intolerable and all pleasure had completely vanished. He would do this, not according to any plan, but impulsively and suddenly, in a 'rebellious movement of liberation'.

As we have already noted, the nose-picking compulsion was in this patient an example of the transformation of the crime into its own punishment. The self-punishment then consisted of two aspects; first, his being compelled to continue picking his nose although the pleasure had gone out of it, and second, the compulsive working and compulsive postponement of the purification, thus prolonging the unpleasant tension.

Here again we find the same mechanisms being utilized by the superego for the purpose of self-punishment—the first is the threat of old, repressed, and discarded impulses which are thenceforward unpleasant and even painful; that is, the continuation of the nose-picking. The second is the forcing himself to remain in the unclean state which was a forbidden pleasure only a moment ago. Thus he is punished by having to stay in the state of sin.[1]

An analogous mechanism of self-punishment can be fairly frequently observed, especially in cases of compulsion neuroses. I have studied this mechanism (the transformation of the crime into self-punishment) several times in situations where the patient suffered from an obsessional fear either of doing involuntary harm to someone or of the death of a near friend or relative, as well as in cases of compulsive masturbation. In all of these the repressed aggressive or sexual drives reappear in the symptom, and because of the repression the symptom is felt no longer as something to be desired but as something to be dreaded. It is well known that the symptoms of the compulsive neuroses have very frequently a diphasic character. The reader will recall the symptom described by Freud in his Notes Upon a Case of Obsessional Neurosis. In the first stage, the patient

[1] In a personal conversation, Dr. N. C. Leites expressed the idea that this mechanism might be related to the following one: the superego permits certain impulse gratifications with the aim of enhancing the guilt level and thereby augmenting future compliance with the superego demands. This is comparable to the theological doctrines which assert the importance of sinning for the ultimate achievement of salvation. (For example, Luther with his 'pecca fortiter', or Dostoevski, etc.) Or it may be compared with the practice in which a 'super-elite' encourages irregularities in the 'sub-elite' (in the Nazi hierarchy) for the purpose of ensuring their future loyalty either through their guilt feelings or by blackmail

pushed a branch out of his way to the edge of the road. In the second phase, he was compelled to push it far away from the road lest anyone be hurt. Freud points out that this second phase displays the repressing and self-punishing forces. Dr. Ernst Kris brought to my attention the fact that the mechanism I am describing, the transformation of the crime into self-punishment, comes under the heading of the diphasic character of the compulsive symptoms.

The special feature of the self-punishing symptoms under discussion is that there are two phases which at first sight are clinically identical. Let us take the example of a woman who is obsessed by the fear of harming a child. In the first stage of her neurosis this obsession is an expression of the well-known mechanism of a struggle against repressed but actually driving aggressive wishes. In a later stage of the neurosis, however, the same symptom acquires the significance of self-punishment through the threat of the reactivation or forced repetition or even realization of an impulse which was formerly actual but has since been discarded and is henceforth no longer desired—is, in fact, dreaded. The meaning of it could be translated in this way, 'You have formerly wanted to harm or kill a child. Now, when you would be ready to love a child or even to have one yourself, you will not be able to do so. You will be punished by your former sins. You will always be haunted by the obsession of harming a child.' Both phases of the symptom are indeed apparently identical and can be distinguished from one another and correctly understood only by close analysis.[2]

[2] Sometimes this self-punishing character of the symptom appears in the fear of being unable to stop an aggressive act or in the fear that the dreaded impulse may be realized—for instance, that someone might really die. It is indeed a terrible punishment to realize that one's aggressive tendencies have caused the involuntary death of someone. Certain neurotics utilize this fact and threaten or even commit suicide in order to punish someone by whom they feel rejected, thus creating in him a terrible guilt feeling by making him feel responsible for this death—making him a murderer. In ancient India this behavior was formerly not uncommon. Mr. J. Renou and Mr. Fr. de Bragança once told me that it was called Dharma, and that it was considered as separate from both murder and suicide. It consists, in a word, of the following procedure:

The motif of this method of self-punishment is fairly widespread and recurs frequently in mythology and folklore. Madame Marie Bonaparte, in her book on Edgar Allan Poe, cites an interesting interpretation of the legend of The Flying Dutchman. In this version, the punishment is attributed to the wicked obstinacy of the mariner who insisted on attempting to double the Cape in spite of contrary winds. The impious Dutchman is said to have exclaimed, 'I will try, even if I go on trying until the Day of Judgment'. Providence took him at his word and he had to go on sailing without respite.

'The cursed hunter of the German and Scandinavian legend, originally Wotan, accompanied by his wolves and followed by his pack, rushes across the stormy sky in pursuit of some fantastic animals. Innumerable versions of this myth can be found in the folklore of all peoples. This eternal hunting is always the punishment inflicted on some too powerful and furious hunter.' [3]

Even in the more literary concepts, such as that of the Inferno in Dante's Divine Comedy, the same technique is employed. I quote from a Recall to Dante, by Alice Curtayne, (pp. 162–163), one of numerous examples, 'Capaneus, the blasphemer, is the classical example of the fixed rigidity of the will in evil, which constitutes the essence of Hell . . . Capaneus says of himself, "What I was in life, that am I dead" . . . Capaneus, then, is but continuing in the same Hell he had made in his own mind during life. The blasphemer's Hell is to blaspheme forever.'

The same concept of hell is to be found, for instance, in a recent drama by Guido Stacchini, *Une nuit d'enfer,* played at the Theatre de l'Oeuvre in Paris in 1931. In this product of the imagination, punishment in hell is represented as being

---

a man who has been insulted follows the offender home and stays in front of his house without eating or drinking until he dies. This Dharma mechanism frequently plays an important rôle in neuroses, especially those of the type of so-called moral masochism. These cases are related to those described by A. Borel and I. G. Robin as *bouderies morbides* (pathological sulking).

[3] See *Reader's Handbook* by L. Cobham Brener. London, 1925.

the infinite reviving of the lives of human beings, the endless repetition of their impulses and the consequences of them.

In the issue of the *Reader's Digest* for March 1944, the following story appeared which seems to be pertinent to the present train of thought:

> 'After a busy life, an old-time Yankee died. The first thing he knew, a butler in another world was showing him into a palatial guest room, saying, "This, sir, is your suite. The only rule here is: you ring and I bring. Just press the button and I will provide whatever your heart desires."
>
> 'About a month later, the Yankee sat in his easy chair surrounded by cigars, decanters, shot-guns, fishing rods, radio, and all else that a man could wish. But there was fire in his eye. He jabbed the bell. The butler appeared.
>
> "Here You! I want something to do. I want WORK."
>
> "Sorry, sir, but work is the only thing we do not provide here."
>
> "What! If I can't have work, I would just as soon be in Hell."
>
> "But, sir," replied the butler, "Where did you think you were?" '

We find the same theme, treated in a serious strain, in Edna St. Vincent Millay's poem, The Suicide,[4] which deals with a woman who was unwilling to face life with its works and tasks and hardships, and asked only to be allowed to 'play in the sun'. Leaving life through a 'low door' (suicide), she comes into her father's house, where she is left to play all day in the sun surrounded by beautiful things, flowers, and music. Finally her interest is awakened by the grave and serious servants of her father, going about at their appointed tasks, and she goes to her father pleading that she, too, may have a serious and useful task. The answer, kindly and inexorable, reveals to her the hell she has fixed herself in—she may have luxury of living, and music and flowers and beauty—she may have amusement

[4] Millay, Edna St. Vincent: *Collected Lyrics.* New York and London: Harper and Bros., 1943.

and entertainment, but work? No, she has forfeited her right to that.

We know that our religious concepts are 'projections into the cosmic' [5] of psychological phenomena. As for hell, that is, on the one hand, the domain of Satan, who represents the instincts of the id, and on the other, the place where the superego is triumphant. It presents a curious and vivid image of the intimate relationship—which we have such difficulty in visualizing—between the id and the superego, and of their deep interlocking. The concept of hell is an illustration of Freud's idea that the superego draws the energy for self-punishment from the reprehensible and repressed id drives.

From the dynamic point of view, the two mechanisms of self-punishment which I have just described, that is, the taking of the unconscious wish at its word, and the threat of the repetition or even realization of the repressed impulse, have one aspect in common. The self-punishment coincides with the awakening of the repressed impulse, the return of the repressed. Freud's definition of the structure of the neurotic symptom as a compromise between repressed and repressive forces applies perfectly to what we have just described. It is well known that the pain resulting from the neurotic symptom is frequently utilized by the unconscious tendency to self-punishment, and it is also a well-known fact that the self-punishing forces, thanks to their intimate connection with the id drives, often become sexualized—a point already mentioned. In this regression of morality to its sexual origins, self-punishment serves the forces of the superego as well as those operating for the id.

However, the special mechanism of self-punishment which I have tried to describe is quite different from this. The aim of the superego—that is, self-punishment, suffering—is achieved through arousing a repressed instinctual drive. We usually assume that the symptoms are produced when an id drive first arises and the defense of the ego creates a pain signal. In our cases, on the contrary, we must assume, as Dr. Hartmann has clearly stated it, that the repressed instinctual drive is aroused

[5] This was said by Dr. Robert B. Casey.

in the id but the stimulus comes from the ego. This may sound very paradoxical; it is, however, not by any means as infrequent as it would seem at first sight.

Let us take a trivial example from our own psychoanalytic activity. It is certainly true that when we study the neurotic symptoms and trace them back to the patient's sexual instincts, we set in motion our own infantile curiosity, although sublimated. But we make a clear distinction between this state of affairs and the occasion in our nonprofessional life of our falling in love, for example, when our aroused sexual curiosity originates in our id drives. In our professional activity the curiosity is set in motion by the ego for the purpose of gaining a correct perception of the psychic reality displayed by the patient. The difference between these two situations may lie in the distinction between sublimated and nonsublimated instinctual drives. This explanation, however, seems to me to be insufficient. We must also emphasize the fact that in the case of being in love, the curiosity has its origin in the id. In the professional activity, on the other hand, the id impulse is set in motion by the ego, or the stimulus to it comes from the ego. The same thing is true of the sublimated sadism in the professional activity of the surgeon.

In the cases of the special form of self-punishment which I have described, we must also assume that at least one part of the dreaded id drive is set in motion by the ego, at the instance of the superego, with a view to suffering and self-punishment. There is, however, one last question which we must attempt to answer. Why does this arousing of the id drive produce suffering? We know that the ego defends itself against unacceptable id drives by means of pain and anxiety, and that the painful character of the symptoms is due precisely to the defense against the instincts—to their repression. Indeed, we have seen that for purposes of self-punishment the superego gives impetus to the repressed id drives so as to create the expected pain. In certain rather rare cases, I have received the impression that the pain was provoked by the arousing of drives which might be described less as repressed than as aban-

doned. I would therefore venture this hypothesis, that in these cases there must be a phenomenon analogous to that which is well known in physiology as a refractory period, that is, a rest period or state of nonactuality of certain drives, as for example in such drives as hunger or sexual desire when they have just been gratified. When they are stimulated by the ego, in this period, pain would result. If this hypothesis were to be proved sound, it should furnish a possible clue to new studies of instinctual drives.[6]

BIBLIOGRAPHY

ALEXANDER, FRANZ: *The Psychoanalysis of the Total Personality.* Washington: Nervous and Mental Disease Publishing Co., 1930.

FREUD: *New Introductory Lectures on Psycho-analysis.* Trans. by W. J. H. Sprott. New York: W. W. Norton and Company, Inc., 1933.

HARTMANN, HEINZ: *Ich-Psychologie und Anpassungsproblem.* Int. Ztschr. f. Psychoanalyse, 1939, p. 62.

LOEWENSTEIN, RUDOLPH M.: *D'un Mécanisme auto-punitif.* Revue Française de Psychanalyse, Tome V, 1932, p. 141.

[6] From a discussion of this point with Dr. Ernst Kris and Dr. N. C. Leites, it seems that the stimulation of really abandoned drives would not cause pain. It must, therefore, be assumed that the superego would arouse, for purposes of self-punishment, those drives that are only partially invested. It is obvious that the degree of investment may vary widely from one case to another.

PATHOLOGICAL WEEPING

BY PHYLLIS GREENACRE, M.D. (NEW YORK)

It is not my intention in this paper to deal with all the aspects of pathological weeping, but to limit myself to clinical observations on certain forms of pathological weeping in which the weeping was apparently related to underlying childhood disturbances of urination.

In an earlier paper [1] I undertook to scrutinize the relations between weeping, vision and urination as they appear in the normal development of infants. The significant facts were as follows: tears appear at about four to six weeks of age, at about the time of the first focusing of the eye and probably the first awareness of muscle tension preceding urination. As early as six to seven months, a sex difference in urination is noted in that girls tend to develop longer intervals between urinations and are more readily trained to the pot than are boys. This corresponds in time to the development of directed eye-hand movements and to the beginning of the sitting-up period. It seems probable that the greater frequency of male urination at this time is due to the greater exposure—and consequent chance stimulation—of the male genital, especially in its being touched or handled more frequently by the male infant himself as it is brought into visual range by the sitting posture. From then on it seems that urination is a more complex, sensitive function in the male than in the female child, eliciting in the

---

From the New York Hospital and the Department of Psychiatry, Cornell University Medical College, New York.

Adapted from a paper read at the meeting of the American Psychoanalytic Association at Philadelphia, May 14, 1944.

[1] Read at the meeting of the American Orthopsychiatric Association at Chicago, February 19, 1944. To be published during 1945 in the Amer. J. of Orthopsychiatry. The interpretations were based on observations reported elsewhere, especially by Gesell and his co-workers in *Infant and Child in the Culture of Today*. New York and London: Harper & Brothers, 1943. Specific references are given in the earlier paper.

male more visual attention and accessory muscle coördination, and ultimately leading to a greater sense of mastery and power in its management and control.

This is especially evident when the male child, generally between the ages of one and two years, is further confronted with the obligation of learning to urinate in a standing position. Interestingly enough, it is reported that at ten to twelve months little girl babies often laugh as they urinate while boys seldom do. Urination is a more serious business for them. They are also more subject to urinary accidents than are girls, a susceptibility (reported by Gesell and Ilg as being apparent up to four or five years of age) which may be further increased when there is a special prohibition against weeping before a confident mastery of urination has been gained. Later, the very fact that male urination expresses greater power, and is an aggressive weapon as well, renders it a better outlet for tension, and may be one reason why weeping is less necessary to the male than to the female. It is a general observation that in many situations of 'nervousness' in which women weep, men show an urgency or frequency of micturition. That the little girl between two and six usually envies the boy his urinary prowess, attempts to copy him and shows an increase in her excited curiosity about her own urination, is an everyday observation of nursery school teachers and others who have young children of both sexes together.

It appears then that there is at first some degree of correlation between the physiological stages of development of control of visual focusing, general muscle coördination and bladder-sphincter control, and that there is a natural reciprocity between urination and crying as tension discharging mechanisms. In the boy these three functions converge earlier and to a greater extent. Urinary control is at first less certain and then becomes a more effective expression of aggression than in the girl in whom urination is a simpler tension relieving mechanism. Later the girl is naturally more susceptible to any reënforcement of visual erotization because of the fascination of male urination which may then take over much of the castration

problem. This is a brief indication of the highlights of differences in the development of urinary control in the two sexes.

From an accumulation of clinical impressions, I had long noted that psychotic patients who wept freely rarely had coincidental urinary symptoms or disturbances of bladder control. Subsequent analytic experience permitted a clearer and more detailed examination of this relationship.

This paper presents two types of neurotic weeping met in the analysis of several women patients. The form and character of both types of weeping were found to be determined by a displacement on to weeping of the urge to urinate. The weeping then appeared as a secondary coincidental symptom. In no instance was the weeping a presenting symptom or even spontaneously complained of by the patient.

The observed neurotic weeping was *shower* weeping or *stream* weeping. In the shower type there are copious tears with very little provocation and without much sobbing or crying. Sometimes these floods of tears appear indiscriminately with any emotion. In the stream type, little obvious emotion is evident but a stream or trickle of tears rolls down the cheek when certain sensitive, deeply repressed subjects are touched in the analytic work. In both types the weeping, i.e., lachrymation, is the main evidence of the disturbance and is singularly free from associated muscular reactions. In both, a strong element of exhibitionism is present together with marked penis envy and some visual fascination focused on urination. Shower weeping indicates some acceptance of the feminine rôle but a rather discouraged attitude about it. This type weeps in anger and in partial resignation because she cannot approximate male urination. Stream weeping is a substitute for male urination, the penis envy appearing in periodic aggressive demands for the male organ accompanied by fantasies of its possession. In one case, described later, the patient seemed to be continually reassuring herself about the possession of a penis and weeping partly to demonstrate her possession and partly from relief.

An extreme body-phallus identification was present and may always be prominent in stream weepers.

Two cases illustrate the two types of weeping. The shower type is illustrated by the first patient who had been analyzed twelve years before I first saw her. Her analyst had subsequently died. During my work with her she wept a great deal although she did not seem greatly depressed. Although it did not seem that she wept when she was alone, during almost every analytic hour floods of tears would come up as she talked. She had a curious, slightly imperious way of asking me for Kleenex with which to wipe her eyes—rather than using her own handkerchief—as though to call her need to clean and dry her eyes sharply to my attention. The exhibitionistic demand for a tender ministering was obvious.

This patient brought me several dreams which were variations on the same theme. One of them, the middle section of a triptych of dreams appearing the same night was as follows:

> 'I was standing outside a bathroom—of which the door was wide open—waiting for a large colored woman to finish cleaning. I was conscious of wearing a sweater which was front side back, buttoned up so that it was awkward to wear. Next I was waiting in a hallway like the top floor of one of the old brownstone houses. A stairway from the floor below had a slight curve before it reached the top floor and there was a railing along one side of the hall guarding the well of the stairway. If you went up the stair, the bathroom which was bright and sunny (i.e., in a way open rather than dark) would have been at your immediate right. On the top step of this stairway was a little girl child, almost a baby. Before the woman had left the bathroom the child had gone into it (although I had not seen her go) and had fallen, so that she was stretched out on the bathroom floor on her back. I went in and looked at her. I realized that she had fallen with great force but she was not crying, she was lying motionless. Then I noticed that the upper part of the head was abnormally large. "She is not crying because she is becoming an imbecile",

I thought. Later after I awoke, my thought was that she had water on the brain. I seemed to know somehow in the dream that the child was a girl.'

It is impossible to go into all the association to this dream; only the more important items referring to the urination-weeping problems will be mentioned. The patient's family name was derived from a word which means 'brown' and they often jokingly referred to themselves as 'the brownies' or 'the colored people'. The patient was the oldest child of a large family. Two brothers came after her. In her earliest childhood two boy cousins, one of whom was a little older than the patient and the other about her age, repeatedly visited the family. In her infancy she had been a fretful first baby, nursed solicitously but not very successfully by the mother.

The dream house shows the obvious common reference to the body structure. This appeared very clearly in the patient's associations. The colored woman, like the brown stone character of the house, referred to the brown mother, as well as specifically to a brownstone house in which the family had lived when the patient was a child. In addition it had the meaning of brown stool or fæces. Urination and defæcation were evidently confused and an effort was made to clarify what comes from in front and what from behind. (This was the main motif of the first dream of the trio, of which this was the second.) The *sweater which was front side back* referred not only to this question of front function (urination) or rear function (defæcation) but also to the infantile observation that she had to unbutton her drawers behind whereas her older boy cousin and later her brothers more handily unbuttoned in front to urinate. She had indeed to act the same in order to urinate and to defæcate, while the boy could unbutton in front to urinate. The *openness* of the bathroom which is emphasized both by the open door and also by the open sunny character of the room, referred to the openness of the mother's genital space which was unencumbered by a stool-penis, and further to the openness of her own genital area which was

innocent of dark pubic hair. This was, indeed, an attempt at reconciliation to the lack of a penis like the cousin's.

It became quite clear in other work with the patient that the setting of the birth of the younger brother had been an extremely disturbing event. Its effect had been not only to wrench the child prematurely from the mother's care but since it came at a period when the differentiation between urinating and defæcating was not very secure and when there was a beginning sense of possession—of what was hers and what was his—it had reënforced the no-penis problem. At this stage the penis of the cousins and of the brother was still confused with the stool which was dirty. But the penis had also assumed positive value as a possession and its absence was beginning to be felt as a lack, the result of discrimination against her.

The *little girl child, almost a baby,* who falls limp to the bathroom floor is the patient herself who received so bewildering and shocking a blow when she wanted to be cared for by the mother (cleaned by the negro woman) and was devastated by finding herself displaced by the birth of the brother. The displacement from below upward is thrice emphasized in the dream: first by the location of the bathroom on the top floor of the house whereas the patient's recollection was that the bathroom was on the second floor, half way up the house, secondly by the idea that the fallen child has *water on the brain,* and thirdly by the representation of her drawers as a sweater that buttons behind. The limpness, the imbecility of the child —so great that she does not cry but develops water on the brain—refers to the sense of helplessness of the little girl, the beginning of a clear penis envy, the prodrome of floods of tears throughout her life.

This patient's neurosis was primarily a hysterical one. She was pushed by the rapid birth of two younger brothers into a premature turning from her mother to her father but maintained a deep underlying yearning for the mother. Her œdipus period was characterized first by a special intensity and then by a trauma which further focused her castration fears. There was an overt hysterical breakdown at adolescence which

she tried to resolve by turning from sexuality and partially identifying herself with her father, whose profession she subsequently followed. It is obvious that she had strong homosexual tendencies, yet she made a predominantly feminine identification, though a discouraged one in which she never did justice to her own feminine attractiveness. While she had never married, she had no overt homosexual relationships. There was one prolonged heterosexual affair which embodied some genuine love. She was past thirty-five when she underwent her first analysis and approaching fifty when she consulted me. Perhaps more could have been done for her if she had come to analysis earlier. As it is, she is an able, warm hearted, attractive woman who feels that she has missed much in life and still weeps somewhat too readily.

The current situation in which the trio of dreams appeared is interesting. Her mother had died two years before the dream. She had accepted this and the recent breaking up of the old home in which she had not lived for many years, with apparent relief and great calmness. She then began to show an undue worry about her old father and his retirement to a farm he had in the country. The third section of the tryptich showed this conflict quite clearly: a fusion of an œdipal conflict with the deeper preœdipal one when she was wrenched prematurely from her mother and forced to seek her father's solace and care.

The stream type of neurotic weeping is illustrated by excerpts from the second case. This patient was a married woman of thirty-five. The presenting symptoms were those of an anxiety hysteria of two years duration marked by an exacerbation of a severe claustrophobia which had been present to a lesser degree throughout her life. There was also a fear of fainting and a fear of becoming addicted to drugs. The overt form of the neurosis began when the patient fell ill from an acute infection. Her feverish state seemed to revive disturbances of early childhood based essentially on an insecure sense of reality.

On superficial examination she presented the appearance of

a marked hysterical blandness; deeper examination indicated that the disorder was very severe and might be considered of a 'borderline' nature. Very striking was a peculiar scheming attitude toward life: an outspoken, appallingly frank graspingness coupled with a neurotic generosity. Her love relationships were poor, a fact which she herself recognized and stated with startling candor. At twenty-one she had married a partially impotent older man intending to divorce him as soon as she had found someone more suitable. Once married, she never found the suitable partner, but became fretful, sleepless, increasingly good and generous, but obviously unhappy. She attributed this to her husband's inadequate sexual performance. A physician suggested that she would be better if she had a child. Although she had till then thought little of this deprivation, she seized the suggestion with a peculiar intensity and embarked on a long struggle to get a child willy-nilly. This was complicated by the husband's poor status and by the fact that she herself had had pelvic inflammation which made conception improbable. Before she discovered the latter, she had gone to extraordinary lengths to procure a child first from her husband, and failing that, from other men—both by the natural method and by artificial insemination. At the time she began treatment, she was living with a man for whom she had but slight affection. She demanded intercourse with nymphomaniacal frequency. Her plan was to get the child and then abandon the lover. She stated this with a forthright, unabashed simplicity, and seemingly with no regard either for the lover or the hypothetical child. It is clear enough that the patient suffered from an overwhelming penis envy.

The patient's appearance and behavior presented peculiarities. She was a slender, very trim young woman, more than ordinarily neat. She wore the same hat day after day, a close fitting turban with a stiff round platelike part above the snood. The whole effect, both in hat and posture, was of stiff uprightness. She would not take off the hat even when she lay on the couch, except in the heat of summer. She rationalized this by saying that she did not wish to muss her hair and that the hat

was so small that it did not get in the way. Her blandness was apparent in her face which was unusually smooth. Her nose was smooth, firm and not remarkably large or small. She stated that in childhood her brothers and sisters had been wont to call her 'Long Nose' because her nose was longer than theirs. She also referred to herself as 'nosey' because she seemed to pick up so much information about people around her that she suspected she must be unconsciously prying. Her mouth was small and feminine. Her eyes, however, were her most striking feature: they were large, usually wide open, moist and luminous.

Connected with this feature were three outstanding symptoms: her peculiar bland emotionlessness, her urinary frequency and her really extraordinary weeping. At first, while she would say, 'I am so angry,' it was said with a placid mildness and no flicker of a muscle. As the analysis progressed and I began to break down this glossy shell, the frequency of urination and the weeping appeared, generally alternately. She complained of feelings of dryness around the urethra and the mouth of the vagina during intercourse. In the analytic hour she would get up and glide from the room to the bathroom to urinate. Once during a period of anxiety she developed a bladder tension, never feeling satisfied with urinating but returning again and again to attempt it, until she set up a real urethral irritation. At other times when subjects arousing jealousy or envy were touched, leading back to the fundamental problem of penis envy, a trickle of tears flowed quietly down her cheek. It first appeared in the patient's dreams and later became a verifiable fact, that she wept only from the eye that I could see, although at other times she might have tears from both eyes.

From the dream material it appeared that the vagina, which was confused with the urethra, was her more important mouth, and that she was continually in search of the missing breast (penis). From her life story (before her marriage she was trained as a dancer), from her unique headdress and posture, as well as from the content of many dreams, it was evident that there was

a very strong body-phallus identification, a fact which was to be expected from the dramatically clear baby-phallus concept.

It is impossible to give much of the developmental background. The following facts are noted for comparison and contrast with the first case. This patient was also one of a large family, the third child with two older brothers and a sister only fifteen months younger, as well as other children several years younger. Thus she was preceded, rather than followed, by two boys. Her father was much depreciated by the mother who boasted of her ability to get along without a man and the fact that she only permitted him access to her when she was willing to have a child, while at the same time she looked to her sons for everything—they were more hers than was her husband. Thus the family stage was set for the turning of the little girl's envy toward her brothers. This is in contrast to the first case in which the girl's awareness of a contemporary penis was not as acute because her brothers were younger. She envied them more their babyhood and their possession of the mother and was prematurely pushed into pride in being older. The penis envy generated toward the cousin and later reënforced toward her brothers was relatively weaker.

In the second case there were many other determinants including repeated primal scene experiences which occurred so early that there was no adequate differentiation between the sexes in the eyes of the little onlooker. However, an experience when the patient was about six appeared important in the determination of the pseudostoical calmness and the repression of any emotional display followed by its reappearance in the exhibitionistic stream weeping. She remembered at this time playing with a group of children—mostly boys in which the two little girls were merely tolerated—engaged in competitive jumping games during which she had been pushed by her younger sister from a ledge several feet high, injuring her shoulder in the fall. Fused with this memory, and partially hidden by it, were ones of similarly competitive urination games in which she could only be an onlooker. At the time

of the accident the frightened brother and sister begged her not to cry and not to tell, as both feared they would be blamed by the frantic mother. The matter could naturally not be long concealed and the patient was taken to a hospital for treatment. Here the forceful superstitious mother battled the doctors and refused an operation, with the result that the little girl went two or three times a week for a while to have the shoulder treated. She recalled the pain of these proceedings and the determination to show no feeling in order to avoid the mother's frenzy, to win praise for her stoicism from the doctors and to gain a superiority over the other children. That in this way she was retaining her penis equivalent and avoiding the imminent castration is amply suggested by the patient's dreams. One recurrent dream, presented in many versions, boiled down to the fantasy that the younger sister was trying to take the patient's man away from her. The patient awoke with anxiety lest this happen.

During this period at six, when she was stoically undergoing treatment of the shoulder and not permitting herself to weep, she seems to have been able to retain bladder control. A little later, however, she developed fainting spells whenever injury to anyone else was threatened. Even before the shoulder injury, the patient's castration anxiety had been gravely aroused by the birth of her second sister to whom she later became greatly attached. This child was born at home. The patient heard about, fantasied, and possibly witnessed some of this birth. As soon as she had returned to school after her own injury, she made unusual progress in her work and caught up with her brother with whom she spent much spare time reading. She officially forgave the younger sister but thereafter refused to play with her and even during her analysis condemned her for her roughness and vulgarity. Her compensation by means of an intellectual superiority worked reasonably well until puberty.

In this second case, there was a special visual erotization arising from the repeated early primal scene experiences, the witnessing of urinary games and the probable witnessing of the

birth of the sister. The castration fear which was aroused by seeing the urination soon afterward became intensified by the fear of operation and was mainly met by an attempted denial and displacement. A superiority and an equivocal illusion of the possession of the penis was maintained through the repression of crying. It seems probable that the peculiar type of tearfulness dates from this time—a kind of defiant compromise. It may be significant that the patient not only did not complain of the tearfulness, but never spoke of it as 'weeping' but as 'tear-ing', which also is one of the slang terms for male urination.

The infantile situations of the first case are in some respects less clear. The penis envy was in itself less focused on the function of urination, but there was a greater struggle with toilet habits *per se,* due to a rather severe toilet training. The envy was more directed toward being cared for as a baby like the younger brother and the penis envy itself seemed associated with the permission to be dirty.

The presentation of the material of these two cases in general outline serves to bring out the salient differences in the pathological weeping of these two types. These observations are probably relatively common in analytic practice, and it is a little surprising that they have not been dealt with more specifically in the literature. Abraham, in his article The Development of the Libido,[2] refers to a patient who, '. . . during menstruation which used to excite her castration complex in a typical way, . . . scarcely ever stopped crying', and adds in a footnote, 'It may be mentioned in passing that the copious flow of tears represented her unconscious wish to urinate like a man'. Lewin's article,[3] The Body as Phallus, which presents much that is pertinent to the second case with her obvious body-phallus identification and the onset of her overt neurotic

[2] Abraham, Karl: *Selected Papers on Psychoanalysis.* London: Hogarth Press, 1927, p. 483.

[3] Lewin, Bertram D.: *The Body as Phallus.* This QUARTERLY, II, 1933, pp. 24–48.

illness during a fever (which promoted the body-phallus fantasy as well as disturbing the sense of reality), contains a reference in its summary to tears and saliva being equated to semen and urine. Zilboorg,[4] in an article on the transformation of instincts, cites a rather comparable case. About a woman who always cried after intercourse, he says, '. . . let me state simply that her spells of crying frequently, if not always, seemed to take the place of neurotic, symbolic, substitutive, masculine orgasm. . . . Feelings of hate, frequently coupled with a sense of tearfulness, mounted as soon as the penis began its withdrawal and were experienced regardless of whether an orgasm was attained by the woman or not.' Ferenczi [5] mentioned the sudden relief (relative pleasure) from urination in a frightened child and that it stops the child's crying, but did not develop the theme further.

Winnicutt [6] also cites a case of a girl who became enuretic after the death of her brother, in whom the enuresis disappeared promptly when weeping was induced. In van der Heide's case of pollakuria nervosa,[7] a twenty-three-year-old girl had a phobia of urinating in public and showed many of the same components as in my cases: urinary envy of the brothers, peeping and exhibitionism, hostility towards men and the desire for the oral incorporation of the father's penis. In his report there is no special mention of weeping except that the patient cried much during the first interview. It would seem that this patient frequently vomited rather than wept.

While in this paper I have attempted little more than a presentation of clinical material in a kind of vignette form, some aspects of the problem of pathological weeping may have broad psychosomatic implications. In their studies of asthma,

[4] Zilboorg, Gregory: *Some Observations on the Transformation of Instincts.* This QUARTERLY, VII, 1938, pp. 1–24.

[5] Ferenczi, S.: *Further Contributions to the Theory and Technique of Psychoanalysis.* London: Hogarth Press, 1926, p. 317.

[6] Addis, Miller, Winnicutt: *Discussion of Enuresis.* Proceed. Royal Society of Med., XXIX, 2, pp. 1515–1524.

[7] van der Heide, Carel: *A Case of Pollakiuria Nervosa.* This QUARTERLY, X, 1941, p. 267.

French and Alexander [8] have presented their interpretation of the asthmatic attack as a repressed cry of a very early and predominantly vocal sort. More specifically Saul [9] raised the issue of the relation of urticaria to weeping and demonstrated that in some situations the urticaria would disappear when weeping was induced. He did not make quite clear why there had been a suppression or repression of weeping or why the skin was selected as the site of the displaced weeping.[10]

In general one wonders whether the extravasation of water from the body is not basically an expression of aggressive defense, whether it appears as the result of a channeled excretory process (as in lachrymation, sweating, urination, etc.) or as local or general transudative edemas resulting from severe or prolonged nonspecific traumas (as in the wheal formation of the skin [11] or the pleural and peritoneal edemas of the acute 'alarm reaction' of animals [12]).

[8] French, Thomas M., Alexander, Franz, et al.: *Psychogenic Factors in Bronchial Asthma.* Psychosomatic Med. Monographs IV. Washington, D. C.: National Research Council, 1941, pp. 13–90.

[9] Saul, Leon and Bernstein, Clarence: *The Emotional Setting of Some Attacks of Urticaria.* Psychosomatic Med., III, 1941, pp. 349–369.

[10] A clinical observation of alternating attacks of asthma and weeping similar to Saul's report of the relation between urticaria and weeping has been made in the Menninger Clinic. Lane, Selma: *Psychological Factors in Asthma.* Bull. of Menninger Clinic, VIII, No. 3, 1944, p. 76.

[11] Best and Taylor: *Physiological Basis of Medical Practice.* 2nd Edition. Baltimore: Williams and Wilkins, 1940, p. 439.

[12] Selye, Hans: *Studies in Adaptation.* Endocrinology, XXI, 1937, pp. 169–188. Also, Howlett and Browne, J. S. L.: *Studies on Water Balance in the Alarm Reaction.* Amer. J. Physiol., CXXVIII, 1940, pp. 225–332.

ON A FIVE-LAYER STRUCTURE IN SUBLIMATION

BY EDMUND BERGLER, M.D. (NEW YORK)

Sublimation is one of the bases of cultural development and an indispensable part of our daily life. As Freud has stated, it consists in the desexualization and transformation of repressed phallic and pregenital wishes into functions socially approved by the society in question. In the words of Freud, who introduced the term, 'Sublimation of instinct is an especially conspicuous feature of cultural evolution; this it is that makes it possible for the higher mental operations, scientific, artistic, ideological activities to play such an important part in civilized life'.

A great deal has been written about sublimation, and still the problem is replete with unsolved riddles. Instead of surveying the literature, let us refer to a paper of Géza Róheim [1] in which, in addition to presenting some excellent ideas of his own, he gives a cross section of the publications on the subject. Róheim comes to the following conclusions:

> '. . . the fundamental situation [in neurosis] is always that the superego represses the id strivings. In sublimation, however, id strivings reconquer the ground in a disguised form, and if they are not again subjugated by the superego, neurosis is avoided. In contrast to the prevailing view, this would mean that in sublimation we have no ground wrested from the id by the sugerego, but quite the contrary, what we have is superego or ego territory inundated by the id' (p. 349). 'The ego allied with the id is victorious and ousts the superego. In neurosis the depressive state dominates, in sublimation the manic' (p. 347).

In applying his newer formulation of magic to sublimation, Róheim states:

[1] Róheim, Géza: *Sublimation.* This QUARTERLY, XII, 1943, No. 3.

> 'This is just what magic means: the emphasis on the auto-erotic aspect of pleasure, the denial of object-relationship, and the withdrawing of libido from the mother, i.e., the child emerging from the dual-unity situation' (p. 351).

Although I agree with Róheim in many respects, I believe the problem to be far more complicated. Let us enumerate a few unsolved contradictions in the generally prevailing views on sublimation.

1. At the time Freud formulated his views on the subject, only the repressed phallic and pregenital wishes and their contributaries were considered to be the contents of the id. Later, Freud put at least equal stress on repressed aggressive trends. However, no revision of the problem of sublimation was undertaken on the basis of this inclusion of aggressive trends, with the result that even today the roots of sublimation are held to be 'always in an erotic activity, either pregenital or genital'.[2]

2. The psychological method through which sublimation takes place has never been analytically clarified. Freud assumed that even the tendency toward sublimation had a biological basis.[3]

3. There is no uniformity of view on what is to be considered sublimation. Many inconspicuous neurotic symptoms are classed as sublimations. Róheim (loc. cit.) cites a 'perfectionist' who sublimated his castration anxiety in the wish that everything, including objects, be perfect and without scratches. This obviously obsessional symptom is treated by Róheim as a sublimation.

4. Sublimation implies, with but few exceptions, a freedom from psychic masochism in the act of redirecting instincts—a fact never stressed. For instance, Freud, in his paper on Dostoevski, says that a certain type of gambling can be a substitute for masturbation. If a gambler of another type

[2] *Ibid.*, p. 351.

[3] *Cf.* Freud: *Three Contributions to the Theory of Sex.* New York: Nerv. and Ment. Dis. Pub. Co., 1910; also Freud: *Leonardo da Vinci: a Psychosexual Study of an Infantile Reminiscence.* New York, 1916.

'sublimates' part of his masochistic exhibitionistic tendencies in masochistic gambling instead of continuing to indulge in the more primitive forms of exhibitionism, he has undoubtedly progressed in the direction of sublimation.[4] Still, we would not call gambling of either type a successful sublimation because of its self-damaging tendencies.

5. There are contradictions between Freud's original formulation on sublimation—that an erotic trend is directly perpetuated after desexualization—and newer formulations which consider sublimation a defense mechanism. For instance, Jones, in his Problem of Paul Morphy,[5] speaks of a double layer: 'I conceive that [Morphy's] parricidal impulses were "bound" by an erotic cathexis, actually a homosexual one, and that *this in its turn was sublimated.*' To complicate matters, the newer English theories (Klein, Sharpe), pointing to sublimation as one of the means toward an external symbolic restitution of the devoured mother because of feelings of guilt, were never correlated with the original conceptions on sublimation.

6. The inability to produce workable sublimations has always been considered neurotic and the ability to achieve such sublimations after successful psychoanalytic treatment has been taken for granted. There has been no explanation of the method of achieving this sublimation besides that of reducing the neurotic's concentration on his unconscious neurotic conflict. By the same token, the ability to sublimate has been considered normal in nonneurotic individuals without any explanation of why, and especially how, this is accomplished.

The idyllic way in which the process of sublimation has been described in our earlier literature is surprising and fascinating. For instance, Jones wrote in 1912:

[4] See the 'triad of gambling' in the writer's *Zur Psychologie des Hasardspielers.* Imago, XXII, 1936, No. 4.

[5] Jones, Ernest: *The Problem of Paul Morphy: A Contribution to the Psychoanalysis of Chess.* Int. J. Psa., XII, 1931, No. 1. (Also in the Psa. Bewegung, III, 1931.) (Italics mine.)

'A child . . . who has conquered a sadistic love of cruelty may, when he grows up, be a successful butcher or a distinguished surgeon, according to his capacities and opportunities. One in whom exhibitionistic fondness for self-display was pronounced may develop into an actor, an auctioneer, or an orator. There comes to my mind a patient who as a child showed an unusually strong interest in the act of micturition, in the guidance of the flow, in the force of it, and so on. When a little older, he was passionately fond of playing with streams and puddles. He is now a well-known engineer and has constructed a number of canals and bridges.'[6]

To this Róheim adds:

'In the light of what we know at present, we can add to this that infantile activity itself (exhibitionism, urethral erotism), which appears to be the basic element in sublimation, is really the triumphant denial of a specific anxiety situation.'[7]

The same holds true of Freud's description (1910) of Leonardo da Vinci's sublimation. Leonardo's famous screen memory of a vulture flying to him when he was in the cradle, opening his mouth with its tail, and repeatedly pressing against his lips, is interpreted by Freud as an expression of the memory of the infant with the nipple in its mouth and of the many kisses showered on the child by a loving mother. Freud believes that the Mona Lisa and the Mettertia are sublimated expressions of Leonardo's infantile gratification coming from his loving stepmother and grandmother. Once more we find the idea of the direct transition of a desexualized id wish into sublimation.

Further study casts doubt on this idyllic and direct mechanism and indicates that the ways of sublimation are more

[6] Jones, Ernest: *The Significance of Sublimating Processes for Education and Re-education.* J. of Educational Psychology, 1912. Quoted in Róheim's *Sublimation. Loc. cit.*, p. 348.

[7] Róheim, Géza: *Sublimation. Loc. cit.*, p. 348.

dramatic and tortuous. From analyses of writers I came to the conclusion that the sublimation of writing, for instance, had to be explained on a twofold basis: the ability to write *per se* and the specific problem expressed in a specific work of art. The first, ability to write, could be reduced to an oral conflict; the second, specific work, not, as is generally assumed, to an expression of an original drive, but to the defense against that drive.

In a report [8] on fifteen cases of writers, I came to the conclusion that every writer suffers from oral regression (confirming Brill's statement), but that he is no longer striving to fulfil the friendly desire of 'getting' in the repetition of the child-mother relationship, but is rather full of spiteful desire for oral independence. He identifies himself with the 'giving' mother because of aggression toward her, thus eliminating her. He achieves oral pleasure for himself through beautiful words and ideas. In its deepest sense, his writing is a repudiation of the 'bad' precœdipal mother and the disappointment experienced at her hands by the establishment of an autarchy. Oral autarchy is the primary basis of writing in general. Secondarily—on the more superficial level—the writer tries to solve his specific problems (anal, urethral, or phallic), to which he has turned as an escape from oral dependency. What he expresses in his writing, however, is not the direct oral masochistic wish but the defense against that wish.

A typical example is found in the case of a writer who discovered that an unconscious aggression was hidden behind sacrifice. He wanted to write a comedy in which a man accepted the sacrifice of his wife only to learn that his whole life thereafter was made miserable by her resentment over her sacrifice. Let us assume that the man had written that aggressive comedy and that one hundred years later a psychoanalytic biographer made a study of the famous author. He would come to the conclusion that the writer was an exceedingly

[8] Bergler, Edmund: *A Clinical Approach to the Psychoanalysis of Writers.* Psa. Rev., XXXI, 1944, No. 1.

aggressive person, to whom nothing, not even sacrifice, was sacred. Actually, however, the patient was a very passive, severe hypochondriac. What he expressed in his work was not his aggressive id wish but the defense against his passivity via pseudo aggression.

Applying this understanding to other forms of sublimation, it became clear that all the contradictions in the earlier formulations of sublimation could be traced back to two sources: the fact that what was assumed to be the original drive was later found to be only the palimpsest for a deeper one, and the fact that the importance of aggression as a human drive was constantly overlooked. Take Freud's example, Leonardo. Leonardo's homosexuality expressed his oral regression, cryptically hinted at even at that time by Freud in his paper. In other words, Leonardo had a precœdipal *aggressive* conflict with his mother which resulted in the defense mechanism of homosexuality.[9] In his madonnas he did not express the direct continuation of the mother's love but rather the defensive denial of her *lack of love*. The sublimation represented not the loving mother, but the defense against the hating and damaging mother to whom he was masochistically attached and whose aggression he tried to nullify because it was a narcissistic injury. He executed his hatred of his mother in his homosexuality—which was very near consciousness—and repaired his mortified narcissism in his madonnas who loved the child. At the same time by thus warding off her hatred and sublimating the secondary defense, he denied his own masochistic attachment toward her.

The following four examples of sublimation lead to the conclusion that a *five-layer structure* is involved in its mechanism. The starting point in sublimation is not an id wish *per se,* but the result of regression. In other words, it is in

[9] *Cf.* Bergler, Edmund, and Eidelberg, Ludwig: *Der Mammakomplex des Mannes.* Int. Ztschr. f. Psa., XIX, 1933, No. 4; also Bergler, Edmund: *Eight Prerequisites for Psychoanalytic Treatment of Homosexuality.* Psa. Rev., XXXI, 1944, No. 3.

itself the result of a conflict. That conflict is presented (layer one), immediately counteracted by a superego reproach (layer two), which necessitates the establishment of a defense mechanism (layer three). The superego objects, however, even to the defense mechanism (layer four), which in turn forces the unconscious ego to sublimate (layer five), which represents the defense against the defense.

Case One is an architect who specialized in country houses. In the gardens of the estates he always wanted to build great fountains. Had he been able, he would have furnished every client with a reproduction of *Menekin Pis,* which he considered to be the greatest work of art ever produced. This patient came into analysis partly because of premature ejaculation. In his early childhood he was, like the engineer of Ernest Jones, intensely interested in his own and other boys' micturition and played constantly with streams and rivers which he 'built' in sand. He was, of course, a bedwetter. In his country forty-five years ago fresh water was bought in containers and as a boy of five he played at being a water peddler. He distinctly remembered carrying a tray of bottles filled with water and asking everyone if he cared to buy a glass of water. When the play was forcibly interrupted by his father, who was ashamed of having anyone suspect that his child was trying to make a few pennies in this way, the boy cried bitterly. His masturbation fantasies later centered on the idea that a girl was forced to drink from one of his bottles, which in this version contained 'dirty' water.[10]

His first genital attempts always resulted in premature emission. At nineteen he was unaware of his inadequacy until a girl broke off relations with him because of it, whereupon he became suicidal. He soon gave up sexual relations completely and sometime afterward began his architectural studies. He was fired with ambition and quickly made money. He

10 Previously I described a similar pattern observed in another patient with ejaculatio præcox. In this case the girl had to eat dirty grapes. See Bergler, Edmund: *Die psychische Impotenz des Mannes.* Berne: Verlag Hans Huber, 1937, Chapter on Ejaculatio Præcox, pp. 115–135.

finally married an aggressive 'gold digger' who was able to exploit him in every way by holding over him his potency disturbance. The unhappiness in his family life made work his only pleasure.

This patient was the only child of a marriage of convenience. He hated his mother who was a cold woman, and was irritated by his weak, boisterous father. Analysis brought out a typical oral substructure underlying his personality and symptoms and, as is typical in premature ejaculation,[11] the 'mechanism of orality' was fully developed. The patient took revenge for early oral disappointments in his symptom. He unconsciously identified breast and penis, milk, urine and sperm. He refused sperm in the same way in which he was supposedly deprived by his mother of milk; more, he spilled the milk (sperm) to spite her. At the same time he was under the pressure of guilt because of his aggressive refusal, a guilt which he counteracted by 'giving', but at a time when the woman could get no pleasure from it—he mocked giving. Concomitantly, he 'protected' the woman from his 'dirty', that is, orally poisoned and anally contaminated sperm (Abraham).

His bedwetting had the same structure: denial or oral castration was displaced to the penis. He could urinate and thus be independent of his mother and autarchic (penis = breast; urine = milk). At the same time he was aggressive toward her: since she was unhappy about his bedwetting,[12] he made her suffer by using his 'autarchic fiction'.

His neurosis manifested itself in his symptom and in his unhappy marriage. He was able, nevertheless, to build some long-lasting sublimations in his work: one had the impression that he built houses only for the sake of his fountains. However, even that escape was gradually blocked as his neurosis progressed, until he decided to undergo analysis because he

[11] Bergler, Edmund: *Ejaculatio Præcox.* Psychiatr. en Neurol. Bladen (Amsterdam), 1937.

[12] Details concerning the different layers in bedwetting are described in my paper, *Psychoanalyse enies Falles von Prüfungsangst.* Zentralblatt f. Psychotherapie, VI, 1933, pp. 65–83.

had lost interest in his profession. When he was at this stage, a friend ironically remarked, 'He is so depressed that he does not even enjoy his fountains any more'. That remark struck home and the patient decided that he was really sick. It is interesting to note that until the age of fifty his unremitting impotence failed to force him into analysis but the approaching collapse of his sublimation did.

In his sublimation the patient's basic conflict was between an aggressive refusal: 'I will not give because my mother did not give', and his conscience which demanded that he give. The solution was a 'magic gesture': 'I will show you in my behavior how I wanted to be treated'. On the surface, therefore, he gave, but hidden behind his giving was a masochistic accusation of his mother: 'See how bad *you* were'. That weak repartee of a magic gesture, used to counter the accusation of aggression, could be traced back to infancy. Even as a boy of three he always voiced his curiosity about strangers with a standard question: 'How does he make his living? Does he earn enough?' This need for constant reassurance that people were not starving was combined with a commiseration for the poor. Later, in the stage of the negative œdipus complex, he was the feminine recipient but was quickly driven out of that relationship by castration anxiety. So he combined remnants of his penis-pride and the denial of his alleged castration, by going back to his own substitute, the breast-penis. This was an act of desperate spiteful defiance both to preserve his ego and to avoid 'aphanisis' (Jones). Therefore his sublimation was also a dramatic and guilt laden attempt to deny his masochistically perceived oral and phallic castration.

To summarize:

First layer: 'I want to enjoy my mother's refusal masochistically' (libidinous).

Second layer: first superego reproach: 'You have no right to enjoy it'.

Third layer: aggressive defense against the masochistic wish: 'I don't want to enjoy it; on the contrary, I am refusing in revenge, as did my mother' (aggressive).

Fourth layer: second superego reproach: 'You have no right to be aggressive either'.

Fifth layer: aggression is repressed under the pressure of guilt, the alibi of being a 'good boy' produced by doing something approved and asexual (fountain building), and as a compromise, the 'magic gesture' established: 'I do not refuse; I give'. Nevertheless, aggression is hidden in the magic gesture.

Only the fifth layer represents the sublimation.

Case Two. A patient of twenty-five, a mechanical engineer, entered analysis because of work inhibition, impotence, and masochistic character abnormalities. After a year of analysis he was able to achieve erection but during the whole of the next year he suffered from 'psychogenic oral aspermia'.[13] Strangely enough, he masturbated with fully conscious early precœdipal aggressive fantasies pertaining to his mother's breast. When asked about his beating fantasies, he declared at first that he had none. He added, however, that perhaps he ought to mention certain episodes from his school days in which he, as head prefect, had protested several times against boys being beaten by their school fellows. It was then that he had had the 'tragic experience' of detecting active beating fantasies more than once in himself. At the very beginning of his analysis it was clear that he identified himself mainly with the boys who were beaten, though he did not know this consciously. After some time and with great reluctance, he gave an account of the chronological development of his masturbation fantasies. When he was three or four years old his sadistic fantasies were exclusively concerned with his mother's breast. He generally pictured her with her breasts fastened by cords to a sort of pulley which hung from the ceiling. The patient pulled the cord, stretching the breasts until his mother was dragged upward in great pain and the breasts finally torn off. Or his mother's breasts were fastened to her feet by means of cords tied from the back while her head was also fastened to her feet

[13] The case is described in my paper, *Further Observations on the Clinical Picture of 'Psychogenic Oral Aspermia'*, Case B. Int. J. Psa., XVIII, 1937, Parts 2–3.

by cords tied from the front. The breasts were pulled backward, the head down, and when both were pulled at once she was torn in two. Or his mother was chased naked in the street, her breasts expanded by means of a cord held by the patient which pulled her arms backward. In this combination of sadistic and scopophilic fantasies the patient played the active rôle of tormenter in an ever-diminishing degree. Other women made their appearance, then men who became increasingly important—the penis soon took the place of the breast. He could recognize the penis of his father in these fantasies because his father was the only circumcized man whose penis he had seen. (His father was a baptized Jew, but his children had not been ritually circumcised.) Men were now tortured instead of women. The 'cord, tearing and hanging fantasies', as the patient called them, were replaced by 'crushing fantasies'. Naked men and women were thoroughly scrambled in a box and then squeezed together. Here for the first time we have a conversion into masochism: the patient, hitherto the active agent, now climbed into the box and suffered all that he had perpetrated against others. At puberty the fantasies of schoolboys being beaten were in the forefront, but typically masochistic notions, such as that of having a woman sitting on him as he lay supine so that he had to breathe her 'evil odor', were also present. He had the fantasy of drinking urine several times. He elaborated the story of robbers who, falling upon peasants, forced them to drink manure drainage to make them tell where their money was hidden.

In these fantasies the patient made the most desperate effort to place his sadism in the forefront as a defense against his masochistic wishes, the recognition of which he obviously tried to avoid. In my essay on Stendhal [14] I showed that that writer was fully conscious of his positive œdipus complex *because* that complex served as a defense against his feminine identification stemming from the negative œdipus complex. The

[14] Bergler, Edmund: *Talleyrand-Napoleon-Stendhal-Grabbe.* Vienna: Int. Psa. Verlag, 1935.

same mechanism held true in this case. He also finally made a regression to the negative œdipus complex and—precisely in order to keep the accompanying powerful masochistic wishes under repression—retained his sadistic interest in his mother's breast in consciousness. By means of this sadism he avoided both his masochistic attachment toward his father ('I am a sadist'), and indeed any attachment toward his father whatsoever ('I am interested only in my mother'). It may seem strange that a deeper oral layer can be used as defense against a more superficial phallic layer but the whole problem is less mysterious if we take into account the fact that phallic passivity is but the continuation of an oral one. The patient made a desperate effort to flee orality, which, as his aspermia proved, did not entirely succeed.

This case further corroborates my previously stated [15] affirmative answer to the question as to whether a preliminary sadistic phase does exist in masculine beating fantasies, a question left open in Freud's famous paper on beating fantasies.[16] The masculine beating fantasy in the male seems to develop by the following stages: 1. sadistic aggression toward the breasts of the mother in the preœdipal period; 2. turning of the aggression, because of guilt, toward the boy's own buttocks, which are identified with the breasts of the mother; 'transcription' of executive power from mother to father; 3. renewed transcription from father to mother as a defense against unconscious homosexuality.

Our question is: exactly what did the engineer and constructor sublimate and to what degree was he successful in his attempt to sublimate by means of his construction of machines?

First layer: 'I want to be masochistically mistreated by my mother' (libidinous).

Second layer: first superego reproach: 'You have no right to be masochistic'.

[15] Bergler, Edmund: *Preliminary Phases of the Masculine Beating Fantasy.* *This* QUARTERLY, VII, 1938, No. 4.

[16] Freud: *A Child Is Being Beaten.* (1919) Coll. Papers, II.

Third layer: 'I don't want to be masochistic, anyhow; I am aggressive toward my mother' (aggressive).

Fourth layer: second superego reproach: 'You have no right to be aggressive, either'.

Fifth layer: 'I want to obey and to be a good boy. I shall change in conformity with my father's wishes. I shall construct machines, thus doing something which my father does [his father was a technical theoretician]. In addition, I shall be practical [his father had always complained that he was impractical] and construct *real* machines.' In this attempt at sublimation irony, hypocrisy, and spiteful derision of his father are visible.

Once more, only the *fifth* layer is sublimatory.

This sublimation was only partially successful. He wanted to be an inventor of machines, but succeeded only in being an imitator of inventions. He had inventive ideas, but could not pursue them. However, he was very gifted in duplicating and understanding the machines of others and in that respect could solve the most complicated problems. In other words, he could not bear the responsibility of inventing machines because that would remind him of his first invention, the pulley. Thus, we see that he could only partially circumvent his superego.

Case Three. A scientific worker awaited the publication of his papers in various scientific journals with impatience and excitement.[17] Whether his papers would appear, whether he would be praised or criticized, seemed to be matters of utmost importance in his life. Everything else, work, love, hobbies, were subordinated to that 'publication compulsion'. But when the papers were published, he soon lost all of his former interest and began to wonder when his next paper would 'at last' be published, and to complain bitterly about alleged neglect. He also reacted paradoxically to being quoted. When quoted

[17] We are concerned here with the counterpart of the patient I described in Chapter IV of my paper, *'Jemanden ablehnen'—'Jemanden bejahen'*. Imago, XXIII, 1937, pp. 300, ff., and in *One of the Neurotic Reactions Accompanying the Collapse of the 'Basic Fantasy'*. Psychiatric Quarterly, XVII, 1943, No. 3.

with criticism or even passed over, his aggression, always ready to break out, revelled in orgies of hatred. He was a typical example of the 'mechanism of orality' mentioned before. Neurotics of this type constantly force people, whom they identify with the phallic mother, into the rôle of refuser, so that they may be aggressive—seemingly in self-defense while repressing their own provocation—and masochistically enjoy the situation of being unloved.[18] They are, to quote a witty patient, 'always pulling a "Nobody loves me" '.

The cause of the patient's mania for publication was found in his voyeurism. Since that voyeurism was directed toward his mother, it was strongly counteracted by a superego reproach. To void that objection he furnished an unconscious defense mechanism: 'I am not a voyeur, I exhibit'. Publishing scientific papers was therefore an exquisite defense. His sublimation had the following structure:

First layer: 'I want to be a voyeur' (libidinous).

Second layer: first superego reproach: 'You have no right to peep at your mother'.

Third layer: 'I am not a voyeur; I am an exhibitionist. I don't need my mother; I am showing my own body [penis] and am autarchic and aggressive in transgressing educational rules.'

Fourth layer: second superego reproach: 'You have no right to be aggressive by using exhibitionism'.

Fifth layer: 'I am not aggressive and I am not exhibitionistic. I want to be obedient and a good boy. I shall publish papers[19] and work for science and help others. Didn't my

[18] See the description of that mechanism in Bergler, Edmund: *Psychische Impotenz des Mannes.* Chapt. on Orality. *Loc. cit.*

[19] One might object that layers one and five are basically identical because the patient originally wanted to be a voyeur (layer one) and finally achieved his wish indirectly in layer five, since before he could publish he had to observe his scientific material. The fallacy is based on the confusion of two forms of voyeurism: the original one was of the oral-devouring type, the final one a purified 'friendly' and observing one. Another objection could be made: why is there no connection established with castration anxiety? That objection overlooks the fact that the 'breast complex' in the male starts with 'oral castration' in the period of weaning. (See the paper, Bergler and Eidelberg:

father tell me to be socially minded?' (irony against his father).

The *fifth* layer leads as usual to sublimation and also permits mockery of the superego.

Case Four. A patient suffering from obsessional neurosis, a student of languages, had occupied himself for some time with the project of a school of agricultural fertilizers.[20] Although he knew nothing of this specialty, he attempted with some astuteness to interest various agricultural authorities. The assumption was justified, however, that his interest in manure represented an attempt at a sublimation of anal wishes. A detailed analysis revealed the following structure:

First layer: 'I want to be anally and passively overwhelmed by the penis of my sadistic father' (libidinous).

Second layer: first superego reproach: 'You have no right to enjoy passivity'.

Third layer: 'I don't need my father, don't care for him, and don't want to be overwhelmed anally. I have an anal penis myself. I am autarchic and want to play with my fæces-penis' (aggressive).

Fourth layer: second superego reproach: 'You have no right to be aggressive toward your father'.

Fifth layer: 'I want to obey; I want to be a good boy. I shall do with all my wishes something you shall approve. I shall change them in conformity with your commands into something permitted. I shall teach productively the use of manure. Didn't you tell me that teaching was productive?' (spiteful derision and hypocrisy directed at the superego).

The rôle of aggression remains one of the main unsolved problems in sublimation. It is clear that the old formulation which entirely ignores the rôle of aggression became untenable

---

Der Mammakomplex des Mannes. Loc. cit.) The exhibitionistic penis pride is a defense against it, penis and breast being identified. The autarchy is established and the mortified narcissism restored. The patient was very sensitive to typographical errors—he used exhibitionism as a defense against castration. That castration was, however, not phallic but oral in structure.

20 The case is described in my paper, *Two Forms of Aggression in Obsessional Neurosis.* Psa. Rev., XXIX, 1942, pp. 194–195.

after the introduction of Freud's eros-thanatos theory. What we see clinically is always only a mixture of libido and destrudo (Weiss) or, to use Eidelberg's terminology, the products either of 'sexual instinct fusion' or 'aggressive instinct fusion'. Therefore, something must happen to the admixture of destrudo in the process of sublimation. In my opinion, destrudo plays a decisive part. It is precisely that aggression—the spiteful defiance against the superego—which makes sublimation possible at all. Sublimation always contains id elements even if we assume, as is done here, that what is sublimated is not the id wish itself but the secondary, not primary, defense against the original conflict (fifth layer). The aggression which wrests id ground in a disguised form, despite the fierce opposition of the antilibidinous superego, must be considerable. I conceive of sublimation as a desperate and defiant attempt to insist on childlike megalomania. As recently acknowledged by Róheim,[21] this 'autarchic fiction'[22] is the basis of magic.

Another approach to the same problem of the use of aggression in sublimation is visible if one takes into account the fact that the execution of even the simplest libidinous wish in childhood is closely connected with aggression. For instance, if a boy plays with his penis he not only satisfies his libidinous wishes but also transgresses an educational rule not to touch his penis. He is therefore also aggressive. We simply must learn to think in terms of libido-destrudo.

In the case of the chess player, Morphy, Jones reversed his earlier standpoint of the direct and idyllic transition of a repressed drive in sublimation. He seems to have been on the right track in this reversal, although some modification of his approach is justifiable. Jones believes that a *primary aggressive* tendency in Morphy was counteracted by a passive-homosexual one, which in turn was sublimated in chess. I

[21] *Cf.* Róheim's paper, *The Meaning of Magic,* read before the New York Psychoanalytic Society, March 1943, and his contribution to my paper, *Thirty Years After Ferenczi's 'Stages in the Development of the Sense of Reality'.* To be published in the Psa. Rev.

[22] Jekels, Ludwig, and Bergler, Edmund: *Übertragung und Liebe.* Imago, XX, 1934, No. 1.

believe that a *primary passive* tendency stemming from the oral level—the mechanism of orality—was counteracted by an aggressive defense. That defense was not accepted by the superego with the result that a new, secondary defense was furnished: 'I am not aggressive, I only play'—chess. One is compelled to assume that unknown oral-passive mechanisms played an important rôle in Morphy's case, mechanisms indicated by his paranoid ideas of being poisoned.

Let us not forget that psychic development does not start with the œdipus complex. No one has stressed this point more strongly than our English colleagues. What is often visible as anal passivity is but a repetition of oral passivity on an œdipal level. By assuming the above sequence of events, we solve the contradiction in the case of Morphy. Róheim states:[23]

> 'It is clear that sublimation is a defense mechanism, but it is questionable whether, like other defense mechanisms, its aim is primarily that of a defense against id impulses. Dr. Jones is of this opinion: "By discharging id energy along a deflected path, and particularly by transforming a sexualized aggressivity, it protects against the dangers to the ego which we know to proceed from excessive accumulation of that energy." Yet what happens in the case of Paul Morphy? When chess as a sublimation fails him, he succumbs to paranoia, i.e., he is left defenseless against the persecution of the projected superego.'

The contradiction resolves itself when we assume the five-layer structure. The moment the fifth layer—sublimation—collapses, the aggression of the superego turns against the ego and masochism overwhelms the personality.

Róheim is correct, with slight exaggeration and terminological inaccuracy, in stating that the mood in sublimation is manic and that in neurosis, depressive. What he means is that sublimation gives a queer kind of pleasure and satisfaction. It would be more correct to speak of the elated mood of persons with successful sublimations. However, the problem arises as

[23] Róheim, Géza: *Sublimation. Loc. cit.*, p. 350.

to where elation comes from. Is it the satisfied libidinous wish, as Róheim assumes, or is it the aggressive pleasure of outwitting the superego with a successful blind? I believe that both elements are present. The original wish is enjoyed only in the defense against the defense, but the preponderance of pleasure comes from outwitting the superego.

A part of the outwitting of the superego is found in the return of the repressed in every sublimation but only in a very indirect and roundabout way via the defense. Of course, those who believe in the direct and idyllic transformation of an id wish in sublimation could argue that childhood sublimations are more primitive and less complicated in structure than those of adults in whom the superego forces the ego to form new defense mechanisms. That may be so. What I maintain is that the sublimation of adults is the outcome of the above-sketched five-layer structure.

The degree to which hypocrisy and irony directed against the superego are involved in sublimation was illustrated by a schizophrenic patient who refused as an adolescent girl to play the piano when ordered to by her mother. Her explanation of this refusal, which occurred twenty years before she entered analysis, was the following: 'At that time I had read in analytic case histories that playing the piano had, in a specific case, the unconscious meaning of masturbation. Since my mother forbade masturbation and approved of playing the piano, I believed her to be a hypocrite. *I* didn't want to be a hypocrite.' Most neurotic persons do not go so far but still use hypocrisy as a weapon against the superego.[24]

Typically an originally libidinous conflict is warded off by aggressive means, always making use of the opposite mixture of instincts in the defense. Why the starting point in sublimation always seems to be a libidinous conflict remains mysterious. A possible answer is that the aggressive tendencies are expended more easily than the libidinous, especially the pregenital ones. To the extent to which pregenital libidinous

[24] Bergler, Edmund: *Hypocrisy, Its Implications in Neurosis and Criminal Psychopathology*. J. of Criminal Psychopath., IV, 1943, No. 4.

wishes can be subordinated under the primacy of genitality, all goes well. But even in the most favorable circumstances there are remnants of pregenital wishes, and those are the material for sublimation. Pregenital wishes therefore predominate in sublimation. However, a great deal of aggression is used in constantly warding off the superego and in fighting the outer world so that there is simply less unused energy. I personally believe that we underestimate the amount of aggression needed to fight the superego even under 'normal' conditions.[25]

At this point the question arises as to the quality of sublimations after successful analysis. When one considers the sublimations of the patients described above, one might be led to believe that all sublimations are no more than defense mechanisms. This *is* in both neurotic and 'normal' persons to the extent to which they serve the purpose of directing aggression against the superego and the underlying id-superego conflicts. Likewise, in both the neurotic and the 'normal', successful sublimation is brought about by that portion of the ego which is healthy and is dedicated to a productive use of aggression. There, however, the similarity between sublimation in the neurotic and the 'normal' ends. When we look further we see that in the neurotic, pregenital drives (and conflicts) predominate and that it is against the superego reproach for these drives that the defense mechanism is instituted. In such a situation there is very little aggressive energy left for productive use in the outer world. The ego, only a small part of which is healthy, is so belabored by the superego and the pressure of the pregenital and phallic conflicts that any sublimation it is able to establish is almost wholly concerned with inner defense, and its relation to reality is at best tenuous.

Compare this situation with that of a 'normal' or analyzed person. During analysis the pregenital conflicts give way to a great extent to genital wishes, the aggression of the superego toward the ego is reduced, and the expanded, strengthened

[25] See Jekels, Ludwig, and Bergler, Edmund: *Instinct Dualism in Dreams.* This QUARTERLY, IX, 1940, No. 3.

areas of healthy ego are able to use more of both libido and aggression for productive, reality purposes. Sublimation in a well person certainly stems from a defense against the superego and the remnants of underlying pregenital conflicts, but it is then concerned with affecting the real world from which the healthy ego derives its satisfactions.

Only to play the *advocatus diaboli,* I would like to mention that one of the pregenital drives, voyeurism, seems to play some unclear but nevertheless especially important rôle in sublimation. Sublimation presupposes imagining the success of the desexualized energies in its end-result. Furthermore, exhibitionism in the form of showing off is involved in every sublimation, an exhibitionism which is, as usual, a defense against voyeurism.[26] How and why the rôle of voyeurism should be so great in sublimation remains to be clarified.

The starting point of sublimation is, by the way, not at all a pure and simple id wish. Quite the contrary: it is the *result* of a conflict already crystallized between id and superego, executed by the unconscious ego. For instance, the starting point in Case One was the mechanism of orality. That mechanism, with its triad ('I provoke a situation in which the precœdipal mother is unjust; I don't recognize my provocation and am aggressive in self-defense; I enjoy masochistically the situation of being unloved'), is not the beginning but the result of the oral conflict.

The starting point in Case Two was identical.

The starting point in Case Three was a voyeuristic conflict, which is in itself an ocular modification of the oral 'getting' desire (Simmel).

The starting point in Case Four was the anal wish of being overwhelmed by the father, in itself only the continuation of oral passivity on the anal level.

Thus, in every case the starting point in sublimation is the frozen conflict between id and superego.

What happens in cases in which a sublimation collapses?

[26] Bergler, Edmund: *A New Approach to the Therapy of Erythrophobia.* This QUARTERLY, XIII, 1944, No. 1.

To what level does the person regress? The primary defense (third layer) and the secondary defense (fifth layer) crumble, and the person finds himself once more at the point where the whole process leading to sublimation began (first layer). There he is confronted with the task of furnishing a new defense which is his neurotic symptom.[27] Since his superego aggression against himself is no longer sufficiently counteracted, the results are weak neurotic substitutes for sublimation.

On the other hand, persons with unstable sublimations are frequently strong enough to fight on the secondary defense line of sublimation (third layer). Every time that the patient described in Case Three received a journal in which one of his papers appeared he experienced palpitation and excitement. After understanding his defense exhibition through publications, he argued that exhibition must be the decisive point since he was seemingly afraid of exhibitionism and not of voyeurism and because he never felt excited or afraid during his scientific observations (voyeurism). He was wrong: he underestimated the power of the unconscious ego in sublimation. That part of the personality is so strong in successful sublimation that it forces the superego to fight *on the ego's chosen battlefield.* And the chosen battlefield of the ego is, of course, the defense mechanism and not the original conflict. In other words, if the superego attacks, the first line of defense is the third layer (secondary defense) and not the first layer. So we see that sublimation is really a wall behind which the fight against the superego succeeds. Only in cases of complete breakdown of sublimation does the ego retreat to the first layer.

CONCLUSIONS

Looking with the analytic microscope at the process of sublimation in slow motion, we find that in every sublimation a five-layer structure is discernible. The first layer represents

[27] In the case of Morphy we find regression to oral-anal passivity, warded off secondarily with paranoid projections.

the result of a conflict and is itself not a primary id wish. The second layer represents a superego reproach directed against the original conflict. The third layer represents a defense against the original conflict. The fourth layer is again a superego reproach directed against the defense. The fifth layer is a compromise. *Only that compromise—the fifth layer—is sublimated.* Expressed differently, what is sublimated is neither the id wish nor the defense against the id wish, but the defense against the defense against a conflict originating historically in an id wish. Sublimation is therefore not the child but the modified grandchild of the original conflict.

The driving power behind sublimation is the tenacity of the original conflict and its modifications. The energy to achieve the aim, however, stems from the aggression of the individual and his intense narcissism and childlike megalomania.

Sublimation contains elements of spiteful defiance, irony, and hypocrisy directed against the superego. The person producing the sublimation unconsciously derives the greatest pleasure from outsmarting the superego. Basically, childish megalomania is triumphant in every successful sublimation.

BOOK REVIEWS

PSYCHOANALYSIS TODAY. Edited by Sandor Lorand, M.D. New York: International University Press, 1944. 404 pp.

This book aims at depicting the progress which has been made in psychoanalytic research. It sums up the present state of psychoanalysis in a collection of essays written by analysts of renown obviously chosen because of their special interests and competence in various branches of the subject. The book is not written especially for analysts but, in the words of the editor, for 'psychiatrists, medical men, social workers, educators and others to whom the problems of contemporary life are important, and gives a comprehensive survey of the contributions of psychoanalysis to the healing sciences and general culture.' It consists of a foreword by Smith Ely Jelliffe and thirty-one essays under the headings: Medicine and Psychosomatics, Education and Social Work, Neuroses, Psychoses, Problems of Therapy, and Applied Psychoanalysis.

The first paper, written by Ferenczi and entitled Freud's Influence on Medicine, is a short but clear historical introduction to psychoanalysis. It is followed by papers on the theory and practical importance of psychosomatic medicine by Smith Ely Jelliffe, Flanders Dunbar and O. Spurgeon English. The manifold aspects of child psychology and psychopathology are treated from different aspects by Marianne Kris, Melanie Klein, C. P. Oberndorf, Thaddeus H. Ames and I. T. Broadwin. Social work and mental hygiene are dealt with by Marion E. Kenworthy and Jule Eisenbud. That part of the book dealing with neuroses is preceded by two essays—Ego Psychology by Franz Alexander and Dream Psychology by Monroe A. Meyer—which set forth an important contribution of psychoanalysis to general and normal psychology. There are essays on the various problems of neuroses by A. A. Brill, Abram Kardiner, Bertram D. Lewin, Sandor Lorand, Edward Glover and Ernst Simmel. The contribution of psychoanalysis to the understanding of psychoses is treated by Paul Schilder, Gregory Zilboorg, Leland E. Hinsie and J. H. W. van Ophuijsen. Two essays by Sandor Lorand and Henry Alden Bunker are devoted to the problems of therapy. Six different branches of applied psychoanalysis—religion, sociology, criminology, art, literature, and anthropology—are discussed in papers by Ernest Jones, Heinz Hartmann, Paul Schilder, Ernst Kris, Fritz Wittels and Géza Róheim.

The wide scope of this book and the high scientific level of the different essays make it an extremely valuable one for its purpose—to acquaint a great number of readers with the latest developments in psychoanalysis and its tremendous effect on general knowledge. One advantageous result of the work of so many different authors is the presentation of a variety of viewpoints. Another is that each aspect of psychoanalysis is described by a specialist in the particular field. On the other hand, this very factor entails certain disadvantages such as the unevenness of the different essays. Some of them make excellent introductions and summaries for readers who have little knowledge of psychoanalysis. Others presuppose a very complete background in psychoanalysis without which they cannot be clearly understood. Among the former type are papers by Schilder, Lorand, and Marianne Kris. Among the latter are those by English, Glover, Simmel, Hartmann, Ernst Kris and Róheim.

It is to be regretted that the first part of the book is taken up with psychosomatic medicine. Although this is one of the most important developments of modern psychoanalysis, it is nevertheless one of its least known aspects. It is very hard to acquaint a reader with psychosomatic medicine when he has no prior knowledge of ego psychology, neuroses, the rôle of sexuality, and dream mechanisms.

In spite of this, however, we feel that the book is sure to accomplish its purpose. It is unique in that it presents, in one volume, all aspects of psychoanalysis. It is thus qualified to satisfy the legitimate curiosity and interest in the development of psychoanalysis of a wide and diverse group of readers. Many parts of it could be read with profit by students of psychoanalysis and even by analysts.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

ONE HUNDRED YEARS OF AMERICAN PSYCHIATRY. Published for the American Psychiatric Association. New York: Columbia University Press, 1944. General Editor, J. K. Hall; Associate Editor, Gregory Zilboorg; Assistant Editor, Henry Alden Bunker. With members of the American Psychiatric Association and of the American Association of the History of Medicine. 649 pp.

Remembering the usual Ozymandian centennial volumes of learned societies, one will be agreeably surprised by the present beautifully

got up and brilliantly edited, scholarly, and for these days exceedingly modestly priced book. To name the contributors and the subjects treated will suggest the breadth of scholarship comprised. These are:

Gregory Zilboorg: Presenting this Volume
J. K. Hall: Introduction
Richard H. Shryock: The Beginnings—From Colonial Days to the Foundation of the American Psychiatric Association
Henry E. Sigerist: Psychiatry in Europe at the Middle of the Nineteenth Century
Winfred Overholser: The Founding and the Founders of the Association
Samuel W. Hamilton: The History of American Mental Hospitals
John C. Whitehorn: A Century of Psychiatric Research in America
Henry Alden Bunker: American Psychiatric Literature during the Past One Hundred Years
William Malamud: The History of Psychiatric Therapies
Albert Deutsch: The History of Mental Hygiene
Albert Deutsch: I. Military Psychiatry—The Civil War 1861–1865
Edward A. Strecker: II. Military Psychiatry. World War I, 1917–1918
Albert Deutsch: III. Military Psychiatry—World War II, 1941–1943
Thomas Verner Moore: A Century of Psychology in Its Relation to American Psychiatry.
Henry Alden Bunker: American Psychiatry as a Specialty
Gregory Zilboorg: Legal Aspects of Psychiatry
Clyde Kluckhohn: The Influence of Psychiatry on Anthropology in America During the Past One Hundred Years

It is beyond this reviewer's competence to assess expertly the accuracy and value of each contribution. Hence the review will be circumscribed by the limits of that competence, and will admittedly not be comprehensive.

The reviewer read this book as a whole from cover to cover and advises his readers not to use this method. It would be better to

read the separate articles in the order of their interest or appeal. This will bring out their scholarship and merit and obviate a sense of repetition. The sententiousness of some of the Founders' remarks will be less wearing and easier to take if they are read in their proper setting.

The book gets off to an interesting start in Dr. Zilboorg's opening presentation which tells of the editorial organization and gives entertaining details of the research into material. Readers should not omit the little incident of Dr. Samuel White's signature. The signatures of the Association's presidents and the portraits and pictures of hospitals old and new are pleasing ornaments. Dr. J. K. Hall's eloquent Introduction tries to allocate psychiatry a place in the nation's history during the last hundred years. Dr. Shryock, the historian, deals with American psychiatry up to the founding of the Association in 1844. He gives a good plastic account of the care of the insane, such as it was, in the pioneer republic, and has some words to say of Benjamin Rush. Dr. Sigerist 'backgrounds' American psychiatry by means of a few pages on European psychiatry in the middle of the nineteenth century—a rather standard and familiar account of Pinel, Griesinger and the rest.

The founding of the Association (of Medical Superintendents of American Institutions for the Insane, as it was originally called) and the psychiatric milieu that produced it is the subject of Dr. Overholser's chapter. Here for the first time the reader is given an account of the Founders' personalities and professional careers.

The introductory chapters are literary in style and intent: Dr. Shryock's is a piece of excellent historic exposition, Dr. Sigerist's a conventional textbook account, and Dr. Overholser's a factual report. With Dr. Hamilton's chapter on American State Hospitals, the longest in the book, the reader comes upon that happy situation where author and material are perfectly adapted to each other. The result is what one usually calls literary sincerity, a quality that has the effect here of winning the reader's interest in what for many would seem an unlikely subject. Dr. Hamilton on hospitals has the quality of Henry Adams on the Cathedral of Chartres or of Arnold Bennett on his favorite grand hotel. His masterly ordering of significant detail arouses sympathetic comprehension.

Drs. Whitehorn, Bunker, and Malamud next treat respectively of the psychiatric research, literature and therapies of the century.

All three show how new scientific psychiatry really is: the research, literature and therapy that amount to anything all appeared in the last few decades. There is little American originality: no revolutionary conception that arose in this country, no genius of research, literature or therapy. On the other hand, there are many respectable, intelligent and serious efforts in all three fields. The authors of these chapters show great diligence and discrimination in their exposition. The amount of literature covered by Dr. Bunker is particularly astonishing, his marshaling of the summaries and citations unfailingly felicitous. If he errs it is in making unduly prominent some of the contributions to the American Journal of Psychiatry (which was for so many years a burial ground for dull articles) rather than contributions which appeared in other places.

The foregoing chapters cover about half of the book. They deal essentially with Association, Journal, and hospital psychiatry. The rest of the book is extramural. It begins with Albert Deutsch's History of Mental Hygiene, definitely divisible into a pre-Clifford Beers and a post-Clifford Beers stage, but gives doubtless deserved attention to other figures as well. The subsequent chapters by the same author on Civil War psychiatry and World War II psychiatry are separated by Dr. Strecker's chapter on the psychiatry of World War I. Despite the unfinished story of the present war's psychiatry, it is clear that much of what World War I taught us was dissipated by the time World War II started. The work of Thomas Salmon is given a new perspective. The three military chapters maintain the standard of accuracy and readability of the rest of the volume.

Dr. Moore's contribution, which deals with a century of psychology in its relationship to American psychiatry is an odd one, for its conclusion is that there was practically no relationship between the two fields. Leaving aside Binet, psychology made very little contribution to psychiatric techniques. Yet Dr. Moore's own article may come to rank as such a contribution, the first page as it were of a history of something which apparently does not yet exist.

Dr. Bunker's American Psychiatry as a Specialty incidentally indicates that Father Moore's vacuum is not as large as it looks. Private practice, and that to a large extent apart from hospital and university, has supplied just the psychology the psychiatrist needs, namely, psychoanalysis. Psychoanalysis—which historically stems from Freud's neurological practice—along with other neurological

practice variations (Weir Mitchell, etc.) plus the goodwill of such psychiatric thinkers as Adolf Meyer, and the personal influence of Thomas Salmon are the factors which make American private psychiatric practice unique among the nations. Dr. Bunker is tactful, but it is an open secret that latterly psychiatrists are learning to understand their patients because of the improvement in American psychoanalytic training. Dr. Bunker's tribute to Brill implies much of this fact, but there is no place in the book where its importance is properly estimated.

Dr. Zilboorg's chapter on the legal aspects of psychiatry, which follows, reviews comprehensively the various fluctuations in the legal views of insanity and the psychiatric views on crime. Historic trials and important decisions, the sensational Guiteau case, the McNaghten rules, provide colorful elements in the main story. The article is especially valuable for its constructive envisaging of the practical problem—also treated by the same author elsewhere —the mutual understanding of the two interested professions. The general impression is that a rational legal psychiatry too, is something that has just begun.

Dr. Kluckhohn's chapter is interesting for several reasons. In the first place, the subject matter is relatively unfamiliar, hence there is the welcome element of novelty. Then it puts together expertly and gives cohesion to a great deal of which most psychiatrists have heard only rumors or with which they have had only limited acquaintance. It states furthermore that the only important psychiatric contribution to anthropology is psychoanalytic psychology. On the negative side it also has the merit of not mentioning the Founders of the Association, of whom the average reader will be quite bored by this time. Like all the other contributions to this volume, this one too is first class in point of style and erudition.

One Hundred Years of American Psychiatry is good history, excellently told; even where the history as such is skimpy (as in the articles by Moore and Kluckhohn) it is very instructive. In fact this book is nearly as good as could be.

Was this an important hundred years for psychiatry in America? Was there an American psychiatry? And is this, its apparent history, the true germ and procreator of what psychiatry will become?

B. D. L.

INTRODUCTION TO PSYCHIATRY. By W. Earle Biddle, M.D., Mildred van Sickel, B.S., R.N., with a Foreword by William C. Sandy, M.D. Philadelphia and London: W. B. Saunders Company, 1943. 358 pp.

As indicated in the preface, this book has been written primarily for the use of nurses and attendants but also with regard to its value for others whose work requires an understanding of mental illness.

It is arranged in two sections, the first dealing with the principles of psychiatric nursing and the second with psychiatry in its relation to psychiatric nursing. The first chapter is devoted to an introduction to the mental hospital and presents the common attitudes toward a mental hospital, the individual patient who is mentally ill, and toward visitors and relatives. The student is then given directions for the care of the new patient, special psychiatric problems are discussed and psychiatric treatment is outlined.

The second section contains a brief review of the history of psychiatry, the etiology and symptomatology of mental disease and a chapter devoted to general types of abnormal behavior. Psychiatric disorders are discussed with a concise case history abstract illustrating nearly every type of mental illness. Legal considerations, prevention of mental disease and a brief description of the most generally accepted psychiatric schools of thought are included. Answers to queries of a newly admitted patient and an annotated bibliography are appended.

The treatment of the problem of orientation to the psychiatric nursing service and the use of properly selected case history material make this a worth while addition to the present library of text books for psychiatric nurses. The entire subject matter is well adapted to the designated purpose of the book.

The use of certain terms commonly employed in psychiatric hospitals, such as 'denudative' and 'mutilative', not found in the standard source books, as well as the interchange of the term 'paranoidal' and 'paranoid', seem regrettable. There are minor criticisms, however, and the book reflects the considerable experience and purpose of the authors.

CURTIS T. PROUT (WHITE PLAINS, N. Y.)

ARRIVAL AND DEPARTURE. By Arthur Koestler. New York: The Macmillan Company, 1943. 180 pp.

In Arrival and Departure, Arthur Koestler, whose Darkness at Noon was a psychological novel of extraordinary strength, has written a book of particular interest to the psychoanalyst. Its central theme is the attempt of a young European revolutionary, with the help of psychoanalysis, to solve the questions which the defeat of the revolution and his consequent despair have evoked in him.

In the spring of 1941, Peter Slavek, twenty-two years of age, battered and shaken by his experiences, escapes to Neutralia from an unnamed country ruled by the Fascists. It is his intention to join the British Army. Waiting for the necessary papers in the tense atmosphere of this last free outpost of Europe, his determination to go on fighting becomes shaken. Everyone's only thought is to escape from the nightmare that is Europe by means of a visa for the United States. The visa represents life, as opposed to struggle and death. But to him, this life means the betrayal of all the heroes and victims of the revolutionary struggle. In this conflict, Peter develops a paralysis of the right leg. A friend of the family, Dr. Sonja Bogart, a psychoanalyst who is also waiting for her passage to the United States, offers to treat him.

Koestler gives us a colorful and convincing presentation of analytic material that unfolds in Peter's mind. We are led through the history of Peter's last years, his heroic fight for the radical movement, his imprisonment, his torture by the police, his desperate struggle not to betray his fellow-fighters and his extraordinary scene with the legendary old Chief of the Political Department who once had known his father. Here he relives early guilt and punishment: past and present merge into a traumatic experience often repeated in his dreams. Although Peter has remained loyal in spite of unbearable tortures, he cannot rid himself of a feeling of guilt, of a sense that he has betrayed his friends. The analysis leads to the roots of this guilt feeling in early conflicts with his stern authoritarian father and the accidental death of his little brother in which he was unfortunately involved and which he had unconsciously wished. At that time, he had already transferred his feeling of guilt to concern over a rabbit which he had tried to save from death and which he tried never to forget.

A memory of a few lines from the Bible that his mother had once read to him gives the clue to an understanding of his paralysis: 'If I forget thee, O Jerusalem, let my right hand forget her cunning'. His later life is influenced by these early impressions. Although an intellectual from a very conservative bourgeois family, remote from the working-class, he became in reputation a hero to the party of the weak, i.e., the party of the workers and of the revolution. Despite his reputation as a hero he always remained a kind of stranger among them and was never fully accepted. Now, defeated but safe, he feels himself in No Man's Land.

Peter Slavek's case, although typical for so many of his generation, is particularly tragic. Beyond the sense of defeat by the enemy and of his isolation between classes, he feels himself and his ideals betrayed by his own party as well, and at the end stands alone. Koestler emphasizes this point by giving him no comrades but only antagonists. Two parallel problems are presented: the loss of his faith in the party, which cuts out the ground from under his feet, and the questioning of the motives of his life with the insight furnished by psychoanalysis. He eventually realizes to some extent that he acted on a neurotic feeling of guilt, that his driving motive was a quest for atonement and self-punishment.

Dr. Bogart, his analyst, becomes an antagonist who represents a philosophy of unrestricted hedonism, who has torn the tree of knowledge of Good and Evil out of her garden. In Peter's eyes she is the goddess of sex: 'Her whole body was probably covered with eyes, with obscene moist irises prying in all directions . . .'. Peter discovers that she has had a homosexual relationship with Odette, the girl with whom he has fallen in love and whom he wants to follow to the United States. She is the voracious mother, devouring men and women alike.

Peter, Koestler feels, is a typical case. As Dr. Bogart states, he reveals 'certain disorders which are concealed in all the others of his type'. In our age all crusaders bear a stigma that they try to hide under doctrinairism; it is their character that makes them susceptible to rebellious theories.

Dr. Bogart seems to free Peter of his feeling of guilt and his leg moves again. But despite his insight into the motives of his political life he is still torn between two courses of action. He painfully arrives at a decision to sail for the United States, but at the last moment, when a coincidence reminds him once more

of all the courageous and luckless fighters for the cause, he changes his mind and leaves the ship to revert to his original goal by going to England on a special mission that means almost certain death.

Koestler gives us a remarkable picture of the development of a character out of the trends and conflicts of childhood and later life. He tries to demonstrate the meaning acquired by social theories when one uses them in an attempt to solve one's inner problems, and the effects which unconscious motives can exert on one's actions in the social struggle. Koestler calls in psychoanalysis to disentangle the complicated threads of human motivations and to find a guide for action. His hero Peter, deeply affected and shaken by his comprehension of the driving forces of his political life, feels disappointment and despair. Koestler, to make his point, has created the strange psychoanalyst Sonja Bogart, who represents only the demands of the instincts and her own voluptuous philosophy. He closes his eyes to the fact that psychoanalytic treatment aims at the integration of the personality which must live in agreement with its moral values at a certain time and under certain social conditions. The institution of the superego is necessary for the functioning of the individual. The problem is simply made more difficult by the fact that analytic treatment is confronted at this time with changing moral values which are themselves placed in doubt. The need for stable values is so acute that certain intellectuals constantly seek a religious solution. 'Why is there nobody to tell me what to do? Once upon a time people prayed for a sign and a waxen virgin smiled at them; and there was no question without an answer. . . .'

Peter or Koestler expected psychoanalysis to fulfil this function. The disappointment over its failure may largely account for the hostility that produced the pleasure-seeking 'carnivorous flower', Dr. Bogart. Peter ends on a philosophical question: How is one to decide between Good and Evil? Do moral values exist? The answer cannot be reasoned; it can be achieved only by faith. He writes: 'the age of quantitative measurements is drawing to its close. . . . I'll tell you my belief, I think a new god is about to be born.'

To the psychoanalyst, the work is of great interest in spite of the many objections which one feels compelled to make. The turmoil of the times, the rise and fall of nations, institutions and ideologies, confront the individual with tasks which severely try

his equilibrium. Koestler's novel challenges us to define the scope and the limits of our work. Psychoanalysis is a psychology, not a philosophy; it offers no doctrine of values; it is not the substitute for religion which an age longing for faith is trying to make of it.

HENRY LOWENFELD (NEW YORK)

PAPERS FROM THE SECOND AMERICAN CONGRESS ON GENERAL SEMANTICS. Edited by M. Kendig. Chicago: Institute of General Semantics, 1943. 577 pp.

This volume of eighty papers, presented by seventy-four authors during the second congress of General Semantics at the University of Denver in 1941, will do little to convince the psychoanalyst that he is missing much in not undertaking a serious study of general semantics. This is regrettable, for however far short of their pretensions the general methodological insights of this system fall, they nevertheless underscore certain highly useful correctives to the general body of Aristotelian logical devices with which we now make our individual and collective rationalizations.

The papers in this volume, some good, some bad, range over sixty specialties in the fields of art, science, industry, education, medicine and almost every other broad field of human behavior. The aim of each has been to indicate where and how the application of general semantics to the problems of a field has helped to clarify long standing confusions and to clear a path for constructive research on issues redefined in more meaningful, less fictionalized terms. Unfortunately for the uninitiated, almost all the papers presuppose a basic familiarity with the pioneer work in this subject, Alfred Korzybski's Science and Sanity.[1]

From the standpoint of arousing the interest of the psychoanalyst, however, is the more unfortunate fact that even for those analysts who have taken the trouble to acquaint themselves with Science and Sanity, there is nothing in these papers that will dispel the feeling created by the earlier work that Korzybski and his disciples are simply talking through their hats (significantly, my typewriter first wrote 'talking through their hate') when they try to tell the psychoanalyst how to run his business.

The semanticians have worked out a system for an approach

[1] Korzybski, Alfred: *Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics.* Second Edition. Lancaster, Pa.: The Science Press, 1941. Reviewed in This QUARTERLY, XII, 1943, pp. 405–408.

to all human ills that for all its high sounding mumbojumbo is no less wide of the mark than every other system which has failed to take into account the genetic unconscious and the mechanisms of defense. Yet, curiously, the neglect of these basic principles underlying all human growth and behavior is not an inherent defect in general semantics as a methodological system; it is merely a consequence of the failure of the people who now run the show to carry their principles to the (for them) bitter end, which would mean the utilization of the fundamental facts of psychoanalysis. This will be readily understandable to the psychoanalyst when he finds that the entire system of general semantics is a gigantic schizo-obsessional defensive bulwark against the emotions and life in the raw. But then, so are all logical systems. In so far as we are constrained to make use of them, however, we can do no better than to evaluate them simply on grounds of utility. On these grounds I believe general semantics, which conforms most closely to the structure of modern mathematics and physics, to be the most valuable.

Neither Science and Sanity nor this volume, if read superficially, will be met with any cordiality by the still highly defensive psychoanalysts. Nevertheless, if the psychoanalyst will give himself time to get his bristles down and count ten before pronouncing an everlasting ban on everything semantic, he will discover that quite apart from the superfluous claptrap that the semanticians have unsemantically tacked on to the fundamentally valuable core of their work, there is nothing in general semantics as a methodological system which runs counter to anything the psychoanalysts have discovered. On the contrary, analysts will find that they have worked out in their field a system far more in accordance with the principles of general semantics than the semanticians themselves have in their invasion of the sphere of the neuroses. It is the psychoanalyst, and not the psychiatrist or psychologist trained in general semantics, whose working concepts are evolving, through the insistent pressure of steadily accumulating clinical facts and insights, into a system more and more approximating the basic formulations of the function theory as elaborated in the differential and integral calculus, a pattern stressed by Korzybski. One might say that once the unconscious had been discovered, steady advance in this direction became inevitable since the traditional elementalism with which man in all his behavioral aspects had hitherto

been viewed had to give way before the compelling, uncompromising fact that the unconscious is the equational link between everything and everybody, everywhere and all the time. Unfortunately, neither Korzybski nor his followers have yet discovered the unconscious.

It is just as unfortunately true, however, that psychoanalysts on their part, despite the direction in which their thinking is evolving, have not yet become fully conscious of the general methodological implications of their widely flung and loosely bound discoveries, implications which fairly scream for the reformulation of their findings in terms of concepts (not catchwords) derived from the function theory in mathematics.

Perhaps psychoanalysis is still healthily preoccupied with creating a mess and should not at this time concern itself too much with tidying up for company. With all good will, one can perhaps charitably say the same for general semantics. But when the time comes for each discipline to make itself presentable, this reviewer can think of no more mutually advantageous procedure than for each to take in the other's wash.

JULE EISENBUD (NEW YORK)

DISCOVERING OURSELVES. By Edward A. Strecker and Kenneth E. Appel in collaboration with John W. Appel. Second Edition. New York: The Macmillan Company, 1943. 434 pp.

The authors' preface to this book begins with the following statements: 'The continued demand for Discovering Ourselves twelve years after its original appearance is evidence of its value and usefulness. It is a brief, readable presentation, in non-technical language, of the essentials of dynamic psychology, and the principles of psychiatry and mental hygiene. As such, it has been of practical help to students, parents, educators, vocational counsellors, the clergy, and people suffering from handicaps and disappointments, whether professional, social or emotional. Patients suffering from nervous and even mental disorders have used it as a map or chart by which they have been enabled to struggle out of the mazes of suffering and difficult living. These conditions have arisen in most cases unwittingly, because of a way of life and habits of thinking and feeling they have drifted into unconsciously. This book not only gives knowledge of the common handicaps to successful and happy living, but offers suggestions

for the correction of these handicaps. It thus affords an individual first steps and opportunities for growth and development.'

Further on in the preface, we find the following statements: 'At the end of the book a series of questions on the individual chapters has been added. This will enable patients and individuals to check-up their understanding of the various chapters. This should increase the therapeutic value of Discovering Ourselves especially in these war times when all physicians' time is at such a premium. It should enable many patients to carry on therapeutic work by themselves in study away from the physician's office. The physician's influence thus can extend more effectively beyond his conference period with the patient. The questions thus form a continuation of the physician's interviews.'

These quotations have been cited because the authors have found the first edition of this book to be a helpful therapeutic aid in their practice and because they think the series of questions contained in the present edition should 'enable many patients to carry on therapeutic work by themselves in study away from the physician's office'. Inasmuch as this is not the usual experience of psychotherapists, these statements might give the impression that the authors believe in 'self-analysis'.

Those who consult psychiatrists rarely augment the efficacy of their treatment by reading psychological books. On the contrary, it is the experience of many clinicians that patients unwittingly increase their resistances to the therapy by such reading. It is possible that the authors have found *their* book to be a helpful aid in *their* therapeutic work with *their* patients because of its transference value. The book expresses the ideas of *their* physicians and these are very real reënforcements and repetitions of *their* physicians' voices. There are additional reasons why this book may have been a therapeutic aid to the authors' patients. It is more than a scientific exposition and explanation of psychological phenomena. Throughout the volume the authors reassure the readers, they try to encourage them to develop insight about themselves and they offer them many suggestions. The task of self-discovery appears less difficult than it often proves to be in actual practice because the complexity of interpersonal relationships is not described and because the ever present resistances which are the common obstacles in every psychotherapy are not emphasized.

It is difficult to imagine that this volume would serve as a therapeutic aid to other patients who are in treatment with other psychiatrists. The first eight chapters, for example, contain many definitions and explanations of technical terms. These are necessary for psychiatrists and students and are helpful for mental hygienists but they are often unintentionally employed by patients who try to make their treatment an interesting study so as to avoid the painful experiences involved in getting well.

These first eight chapters, which deal with Conceptions of Modern Psychology, represent, for the most part, the great progress of psychiatry. The authors do a fine job of attempting to clear up popular misconceptions about 'nervous breakdowns' and the psychogenesis of many somatic disorders. This is also instructive material for physicians who have not had adequate training in psychiatry. They stress the biological source of mental life, the all important rôle of the emotions and previous experiences in the development of illness. 'The most helpful resource in treating nervousness is to have the patient talk over his past experiences, understand how the present condition has developed and reorganize his life on a more healthful basis. An appreciation of psychology is consequently much more important than a knowledge of the anatomy or physiology of the nervous system.'

Chapter VI, on the Degree of Awareness, and Chapter VII, on the Complex, contain much that is sound but the ideation is somewhat confused, incomplete and incorrect. For example, 'one hears a great deal about the word transference and how this is necessary for a successful analysis. It is also said to be dangerous in depriving the patient of his own will. It is only necessary to say that by transference is meant a definite feeling of trust or confidence in the analyst or physician, due to his reputation, personality, ability, and position of authority over the patient. Without this an analysis is impossible. This is saying nothing more than if the patient will not trust the analyst and expose the intimate problems which come out in his dreams and fantasies one cannot fully understand the unconscious. This kind of investigation is an important part of the process of psychoanalytic therapy. The basis of this transference may be one of parent-child relationship or a deeper one of love and affection. Theories will make little difference as long as the analyst is well trained and thoroughly imbued with the principles of

science. Resistance is the opposite of transference. If a person will not reveal his subconscious, he is said to show resistance and an analysis is impossible.'

In the chapter on the Complex, the authors state, 'A complex is an idea or a group of ideas, closely bound together by a strong emotional bond. When we feel something very strongly, we are usually dealing with a complex. It is obvious that every human being with the average amount of mental capacity has many emotionally toned ideas. These are subjects about which he feels deeply and strongly and concerning which he often expresses himself vehemently, quite forcefully and occasionally even violently. Such ideas relate to the greatest variety of subjects: religion, war, politics, the length of women's skirts, the correct club to use for a certain golf shot, and so on. It is clear, too, that anything as common as the complex could scarcely always or even very often, be shameful and disgraceful. If this were so, we should perforce condemn many of those we now number among our friends, for instance, the stamp or coin collector, the golf or baseball enthusiast, and we might even damn the entire younger generation which is mad about jazz dancing. Let us understand then, that the mind of each one of us is literally filled with complexes. We began to imbibe them almost with our mother's milk and have continued to gather them unto ourselves ever since. Often they accomplish much that is good and constructive. Only under certain conditions do they become harmful and destructive.' Toward the end of the chapter we find the following: 'There are three great complexes which chiefly dominate the thinking and determine the action of the majority of adults. They are the Ego complex, the Sex complex, and the Herd complex*. The instincts and emotions may be grouped under these three complexes. The serious conflicts that arise in our lives usually may be traced to the opposing claims of these three complexes.' The asterisk refers to a footnote which begins as follows: '*Freud has introduced a tripartate division of directing forces in the human personality which he calls the Ego, the Id, and the Superego or Ego-Ideal.' After reading this chapter, one is reminded of what Freud once wrote in his History of the Psychoanalytic Movement about the term 'Complex'. He said at that time that 'none other among the names and designations, newly coined as a result of psycho-

analytic needs, has attained such widespread popularity; but no other term has been so misapplied to the detriment of clear thinking'.

This second edition of Discovering Ourselves has been enchanced by three lengthy and well-writen chapters on Emotion, Anger, and Fear. Emotion is considered from a biological point of view and 'the problem of handling emotions and feelings is the problem of handling energy, of handling a dynamic force. This force may be destructive, bringing suffering and unhappiness to the race and to the individual, or it may be constructive, bringing peace of mind and survival for the race. The most important function of the mind is to direct this force into constructive channels and divert it away from destructive ones.'

The chapters on Anger and Fear are written with much understanding and illustrated with clinical material. In discussing anger, for example, the authors present a large number of synonyms for this word which are listed because 'they are frequently used without any realization that they refer to the impulses to kill and destroy'. The last paragraph of this chapter reads as follows: 'The destructive, unfavorable aspect of anger is so much in people's minds that the constructive aspect is apt to be forgotten. It is a fact, however, that if it had not been for anger, human beings as a species would have lost in the struggle for existence and perished from the face of the earth. Equally true is it that Mr. Jones of Bronxville, unless he becomes angry and unless he engages in behavior motivated by anger, is likely also to fail to survive in the present world.'

The second half of this book describes Mental Mechanisms or typical ways in which the human personality meets conflicting urges and difficulties in everyday life. These include regression, extroversion, introversion, rationalization, segregation, repression, dissociation, conversion, displacement, projection, identification, inferiority and compensation, and sublimation. In the introduction to the chapter on regression there are some accurate and well-expressed statements such as the following: 'The mind has certain typical methods of meeting apparent danger, avoiding unpleasant situations, and solving perplexing problems. They are automatic mental manipulations and compensations of ideas and tendencies in the face of psychological stresses, just as auto-

matic as the body's readjustment to maintain its physical equilibrium.' In this book regression 'signifies a return to a former, somewhat primitive and rather childish type of reaction' and 'a human being behaves regressively when he is "put out", violently angry, "sore", "loses his head". . . . The workman who blames his tools and smashes them when he does his work poorly is showing regression.' By these statements the authors give the impression that reactions of rage to frustrating experiences are not characteristic of the persons who manifest them but that they represent a transitory return to a way in which these persons behaved when they were children. This misapplication of a psychoanalytic concept makes immature outbursts appear less serious and it seems like a way of denying the disagreeable fact that many adults have never learned to accept the frustrations of everyday living.

In Chapter XIII, the authors discuss the Extrovert and Dangers of Extroverted Activity. They state that 'often enough it indicates nothing beyond the expression of normality and adjustment in an individual who belongs to the outgoing, social, or extroverted type. There are numerous instances, however, in which it is obviously a psychological mechanism employed by the mind to escape the anguish of serious mental cross purposes.' In the latter instances, the authors refer to 'individuals who turn feverishly from one thing to another. There are human beings who frantically pursue lives of activity for which they are obviously unfitted. . . . When extroversion is utilized to escape from an intolerable conflict, then the activity is effective and constructive in proportion to the degree of realization and understanding with which the individual has faced his conflict. . . . Sometimes the necessary knowledge may be gained by taking counsel with self. In more serious situations psychotherapeutic help may be needed.' This is like saying that if a person gains an awareness of the motives which prompt his behavior, this knowledge then makes his activity constructive and effective. Surely this cannot be what the authors have in mind.

In the chapter on identification the value of the early idealization of the parents, teachers, and other figures of authority is described and the need for the child to gradually develop a healthy sense of reality about these persons is pointed out.

Overprotection and its dangers are discussed and the need for parents to assist their children in their emancipation is clearly explained. This is the best chapter in the book.

Sublimation is explained in a broad sense to include the expression of primitive impulses in socially acceptable ways as well as the whole process of the socialization of the child. 'Dining room manners are sublimations of the primitive hunger impulse.' The chapter ends as follows:

'The "peace that passeth all understanding" will be found through the realization that the resilience and infinite variation of the emotions, constructively guided by our mind and ideals, can be used to vivify and beautify life and to achieve our potentialities of creative living. May we find the way out of the maze of our conflicts and direct the shape of our lives into this stream of creative living.'

The difficulties involved in making an adequate appraisal of this volume arise from the fact that the authors have prepared it not only as an exposition of psychological phenomena but as a therapeutic aid. This reviewer again wishes to express his opinion that although the book has had therapeutic value for the authors' patients, it would be attaching too much significance to the written word to believe that it would also be therapeutically useful to other patients suffering from neuroses. As a first text for medical students and as a first reader for those interested in mental hygiene, this book contains, among its errors, much sound and useful information.

LEO H. BARTEMEIER (DETROIT)

THE EXPRESSION OF PERSONALITY. By Werner Wolff. New York and London: Harper & Brothers, 1943. 334 pp.

These are experimental psychological studies of personality expressions. The author attempts to relate those expressions to unconscious dynamics by drawing theoretically upon gestalt psychology and psychoanalysis.

Expressive acts are recorded by means of moving pictures, phonograph records, photographs, etc. The subject is then confronted with his own records and his reactions to them are analyzed.

The author, who appears to be an inspired and ingenious experimenter, analyzes the following forms of expressions: face, profile, hands, voice, gait, handwriting, manner of retelling narratives,

forms of associations, and rhythms of various forms of expression. These expressions were recorded without the subject's knowledge. Later the subjects were confronted with several such recordings, amongst them their own, and asked to characterize them.

These characterizations are, I believe, the weakest point in these interesting and stimulating studies: they are couched in the vague terms of everyday psychological descriptions and lack any real precision in marked contrast to the experimental approach and methods which are employed with utmost precision. Thus the whole procedure is comparable to the attempts of a master photographer who must work with an uncorrected, distorting camera lens. Still, the procedure, described with numerous illustrations and records, is fascinating enough to warrant study.

The author is convinced that a subject characterizes his unconscious personal tendencies when he tries to judge his own recorded forms of expression without knowing that they are his own. He believes that the subject uses 'an emotional vocabulary' in judging his own forms of expression. This vocabulary is similar to emotional associations about a complex word. Thus the author's experiments of self-confrontation are a means of obtaining a subject's complex words which he considers the highway into the depth of the personality. He does not aim at a definition of a person's individual personality, but tries 'to determine the general relationships of the tendencies in the depth of personality'. The reviewer thinks that this goal is reached much more easily and directly by psychoanalytic methods.

The experiments themselves yield very interesting data about a person's image of himself—not only his body image but also his psychological image. The sum total of all the mental representations of our physical and psychic qualities can be considered to constitute our ego. This ego, like any other object representation, plays the rôle of an object. Since the soundness of our personality depends on the degree of our orientation in the world of external objects, any false orientation is likely to be reflected in a similarly false orientation towards ourselves and vice versa. From this point of view it might be interesting to note that subject N (p. 156 and fig. 15 B) when confronted with a photo made up by symmetrically doubling the left side of his own face, gives a favorable comment like 'congenial' and 'normal, good natured', whereas other persons judge the same photo as 'brutal, cowardly, sexual criminal, seduces

children'. The fact that subject N is a sex criminal and seduces children, makes it obvious that this man is badly oriented toward himself. A study of such false self-orientation in comparison with external orientation might be of diagnostic help similar to that of the Rorschach test. In any case, the studies are certainly worth while getting acquainted with, in spite of the doubtfulness of their theoretical evaluation.

CARL M. HEROLD (NEW YORK)

PSYCHOLOGY YOU CAN USE. By William Henry Roberts. New York: Harcourt, Brace and Company, 1943. 246 pp.

Fifty or even twenty-five years ago we might have appreciated this primer on the accepted psychology of those days: the special senses, perception, imagination, intelligence tests, and the like. Today we have little patience with a warming over of the same old academic dish, even though spiced by sprightly writing, an occasional new anecdote, a few references to research done since the first world war, and a modernistic dust-cover.

JOSEPH CHASSELL (BENNINGTON, VERMONT)

A TEXTBOOK OF CLINICAL NEUROLOGY. By Dr. Israel S. Wechsler. Fifth edition revised. Philadelphia and London: W. B. Saunders Co., 1943. 840 pp.

Like the previous editions of this textbook, the fifth remains one of the simplest, most compact and clear-cut expositions of neurology. It is written clearly and concisely and is well illustrated. The topical arrangement is an especially careful one, making it most useful for reference. The interesting chapters on the history of neurology and on the neuroses have been retained. In a textbook of neurology the neuroses cannot be adequately covered but the treatment of this subject from the psychoanalytic point of view is the same as in previous editions.

The chapters on sulphochemotherapy of meningitis, headaches, electroencephalography and the autonomic nervous system are important additions. There are other major and minor changes. A little more space could have been devoted to the autonomic nervous system, especially to the hypothalamus, so thoroughly investigated recently. Although Wechsler mentions the function of

the premotor region, it should have received more attention, especially its relationship to the extrapyramidal system.

Regarding terminology, it is unfortunate that the author retains the term 'degenerative disease', which is also used in many other textbooks of neurology. Most of these so-called 'degenerative' diseases are not 'degenerative' at all and are classified as such merely because their etiology is unknown. In textbooks of medicine, the word 'degenerative' is used more discriminately than in neurological textbooks with the result that there are fewer degenerative diseases of other organs than of the central nervous system. Yet the book as a whole, remains very valuable for medical students, general practitioners and neuropsychiatrists.

CHARLES DAVISON (NEW YORK)

MENTAL ILLNESS: A GUIDE FOR THE FAMILY. By Edith M. Stern with the collaboration of Samuel W. Hamilton, M.D. New York: The Commonwealth Fund, 1942. 134 pp.

A book written by a layman for laymen on a professional subject is frequently more understandable and educationally useful than one written by a professional. Mrs. Stern points out in her book that doctors often become so conversant with certain concepts and are so used to their technical terms, that they have difficulty in making themselves understood. Frequently a person with the fresh enthusiasm of recent discovery is an ideal exponent. When this also happens to be an experienced writer, as in the present instance, the combination is a most happy one.

Mrs. Stern became interested in the mental hospital mainly through on investigation of occupational therapy. With this and other studies, a metamorphosis took place in her own thinking about what these institutions were like and inspired her to write this book. 'There are books', she says in her preface, 'about how to run a household and how to bring up dogs, but there is no book telling people how to behave and what to do when one of their dear ones falls mentally ill. This guide book for relatives, I hope, will fill that need.' The book attempts both to combat fallacies about mental illness and to offer practical advice to families of patients. In this connection, Dr. Samuel Hamilton points out in his introduction that not only is the hospital physician usually limited in the time he has to speak with relatives,

but often when he does see them they are too preoccupied to grasp what he says. With this book a relative may have questions answered at leisure.

The book moves with swiftness and vividness from the experience of the family at the beginning of the illness through convalescence. The following chapter headings from among the eighteen listed will indicate the contents: A Healthy Attitude Toward Mental Illness, When Mental Illness Strikes, Private or Public Hospitals?, Taking the Patient to the Hospital, Leaving the Patient at the Hospital, Life in a Mental Hospital, and Some Treatments for Mental Illness. In the latter chapter, shock, physical, occupational, and psychotherapies, including psychoanalysis, are given short explanatory paragraphs. One of the concluding chapters dealing with the continued home care of chronic cases presents this occasional eventuality with helpful understanding. At the end of the book is a glossary of terms and an appendix with data on admission regulations and the facilities of various state hospitals, including provisions for family care and social service.

It will be clear that such a book as this has a practical value to every physician, psychiatrist, and general practitioner who has occasion to refer patients to an institution. To the members of mental hospital staffs it should prove an especial boon and time-saver. Aside from the purely practical use by physicians and patient's relatives, it is a definite contribution to mental hygiene literature and it is hoped that it will reach a large general public.

GEORGE E. DANIELS (NEW YORK)

MENTAL HEALTH IN COLLEGE. By Clements C. Fry, M.D., with the collaboration of Edna G. Rostow. New York: The Commonwealth Fund, 1942. 365 pp.

In 1925 a psychiatric service was inaugurated at Yale University under the direction of Arthur Ruggles. Since that time the service has been broadened and extended, having been blessed with administrative approval, general coöperation and, for the most part, adequate funds. Mental Health in College gives the history of this pioneering adventure in mental hygiene in education and details the types of problem encountered in some twelve hundred and fifty cases seen during ten years of the service.

Dr. Fry and his collaborator have achieved a readable and yet

philosophical and thought-provoking account (illustrated by brief and aptly chosen case summaries) of the help afforded students who came asking for assistance in their adjustment problems. These were the problems of adolescent boys, trying to become self-reliant away from home, often in spite of pressure from home, making groping attempts to explore the mysteries and perplexities of sex despite the handicap of colossal ignorance. They were also the special problems characteristic of a university setting, including the effort to find a recognized place in a large and bewildering community amid avid competition for athletic honors, prestige-carrying offices, and election to fraternities, and along with all this turmoil, trying to learn how to study effectively and to work for a vocational future.

Going to college is by no means an easy task to the average adolescent youth. He faces the job of overcoming not only his intellectual immaturity but also his comparative emotional immaturity. It is therefore not surprising to find that so-called 'normal' boys were distressed by periods of anxiety and depression, by fears and compulsions, by insomnia, fatigue and gastrointestinal upsets. Since the difficulties were usually near the surface, it is significant that nearly two-thirds more patients came with emotional symptoms than with physical signs, although ordinarily there appeared to be little connection between the symptom or sign described and the patient's real difficulty.

Interestingly enough, only eight percent of the entire series were judged to warrant a psychiatric diagnosis. These few were usually referred elsewhere for treatment. The bulk of the college psychiatrist's practice dealt with reactions within the 'normal' range, varying from the depression and suicidal fantasies of a boy hopelessly lacking ability who was being forced by a wealthy family of strong Yale tradition to try to go through college, to the dilemma of the well-established minister who had come to the Divinity School to obtain his doctorate and who had encountered broader doctrinal views which, if accepted, meant cutting himself off from his home and his livelihood.

The book aims primarily at giving a total picture of the mental health situation in college and succeeds remarkably well. The reviewer judges from his own experience and from reports of similar services in other colleges that the picture in its main outline would apply to them all.

Analysts would be particularly interested, perhaps, in the therapeutic measures used. This side of the picture is less emphasized, but it is stated that the basic principles and procedures were those established by Adolf Meyer. This seemed in practice to include rather directive questioning and management. 'Whenever a student consults the psychiatrist because of such emotional or physical manifestations [fatigue, palpitation, profuse sweating, nausea, diarrhœa, frequent micturition, dizziness, and difficulty in breathing], his sex life is investigated immediately' (p. 112). There was a good deal of information and advice given. Recreation, exercise, baths and diets were prescribed. Decisions were discussed, parents contacted, students were moved to new surroundings and new social contacts were arranged. In short, the diversity of problems seemed to call for all the tricks in the bag of an eclectic general practitioner of psychiatry. Slightly more than half of the cases were seen from one to three times. The others were seen weekly or semi-weekly for a month, a year, or several years. In addition, several students were psychoanalyzed by outside analysts, 'but in most cases the results were not satisfactory' (p. 270).

JOSEPH CHASSELL (BENNINGTON, VERMONT)

AND KEEP YOUR POWDER DRY! An Anthropologist Looks at America. By Margaret Mead. New York: William Morrow and Co., 1942. 274 pp.

When an outstanding anthropologist, like Margaret Mead, turns her attention from the South Seas to the American scene, it arouses the intense interest of psychoanalysts. Such an interest is amply rewarded because Mead approaches the question of how American babies are made into Americans and how these Americans are going to win the war, with all the curiosity, open-mindedness, sympathetic understanding, and intuitive analytic interpretation with which she once studied the people of Bali.

Her psychodynamic description of 'the American character' is the most fascinating part of the book. In the chapter, We Are All Third Generation, she discusses the effects of historical and present-day social factors and events on American behavior, with special emphasis on the family within which the child is reared. Washington, Lincoln, Jefferson, and Franklin do not represent the past to which one belongs by birth, but the past to which one tries to belong by effort. Washington represents the thing

for which grandfather left Europe at the risk of his life and for which father rejected grandfather at the risk of his integrity. Americans wish that they could identify themselves with Washington but fear that they cannot.

Lacking tradition and born with his fate already fairly well outlined, the American man must find his place in society through competition. But is the competitive American system flexible enough for our rapidly changing social structure? The answer cannot be given by The European in Our Midst (Chapter V), with his scorn for the lack of order, form, discipline, style, and design of American life. The young American is born on a narrow platform: a little, slender family—just a couple of parents—alone in the new world. Achievement is the only safe standard for his orientation.

Even the parents need success in training their children to justify their love for them. Babies must be well trained at eighteen months or mother simply cannot love them. This provides the background for 'conditioned love'. Aggression of a special kind, supervised by women, is one of these conditions. For the mother's paradoxical, 'Don't hit that little boy, Jimmy,' and, 'Stand up for yourself, can't you?', the father can substitute, 'Here, not like that, son. Plant your feet now, plant your feet.' American women, ambivalent towards fighting, considering it at once wrong and necessary, succeed in teaching their children that fighting must always be done in self-defense, while insisting that you have to practise getting angry. Finally aggression becomes labeled as something that women expect of a man and potency itself becomes a symbol of aggression, rather than, as in the classical European form, aggression serving as a substitute for potency.

The American way of fighting this war is by the people themselves, not by the Government for the people. Freedom's battles must be fought by Freedom's own children. We, who have been reared in one dream, would be pathetic if we made grotesque attempts to imitate the enemy but can be invincible if we fight in our own way.

This book is presented as one part of the program of the Council of Intercultural Relations, New York City, which is developing a series of systematic expositions of the great contemporary cultures so that the special values of each may be orchestrated in a world built anew.

MARTIN GROTJAHN (CINCINNATI)

ART: A BRYN MAWR SYMPOSIUM. By Richard Bernheimer, Rhys Carpenter, K. Koffka and Milton C. Nahm. Bryn Mawr, Pennsylvania: Bryn Mawr College, 1940. 350 pp.

The Art Historian: In the first of his two lectures, In Defense of Representation, Richard Bernheimer follows the representative function of art through the centuries from the time of the cavemen up to our own day and comes to the conclusion that, 'Representation in art is ultimately inevitable . . . because, whatever its other functions may be, art is a total human response to reality in its entirety; since this reality is offered to us in sensible shapes and forms, we deprive ourselves of the principal source of artistic illumination by excluding these from our experience. . . . It seems to me one of the primary tasks of criticism to understand the relation between the formal and the implied values in art, to establish how formal means have been and can be used to create a deeper understanding of the world beyond the limits of mere pleasantness and good taste. We are only at the beginning of that task.'

In his second lecture, Concerning Symbols, Bernheimer investigates the significance of our symbols, mainly the representational and conventional ones. He states that symbols are of great significance in all artistic expression, that they are inherent in all works of art. Religious symbols serve to unify the spatially separated congregation into the oneness of a real community. Symbolism in art has a similar social function. The psychoanalytic interpretation of symbolism and its significance for the effect of works of art is not taken into consideration in this lecture.

The Archaeologist: In his first lecture, The Archaeological Approach, Rhys Carpenter attempts to follow the genetic line of development of representative art from its early beginnings with the main emphasis on form. In his second chapter, Modern Painting, he follows the development of the technique of painting in its imitative quality and avers that, 'The emotional sources of art are its nonmimetic forms'. The third chapter, Further Comment, deals with the secularization of the content of art out of conceptual and ritualistic conceptions.

The Psychologist: K. Koffka, a guest from Smith College, lectures on Problems in the Psychology of Art. His conclusions are: 'A work of art presents a part of the world in such a way that the

reality of this part, be it large or small, is epitomized by what I call its purity. In a work of art the contingent characters of the world are subservient to its intrinsic properties; mere factuality is subordinated to requiredness. As such an object, the work of art establishes a close and particular relationship to the self of the spectator, just as it arose from a definite ego-world relationship of its creator. This is not the cold and distant relationship of the pure scientist, nor that of the immediate and temporary urgency of the practical man. Instead, a work of art reveals, however dimly, our place in a universe that is infinitely greater than our Egos.

'Thus art, psychologically considered, is not an idle play on our emotions, but a means of helping us to find our place in the world. For our emotions are not necessarily evil powers which lead us astray from the road to the good and the true: rather, in our emotions we are often closer to Requiredness than in purely intellectual or practical activities.' He neglects any depth psychological approach and does not mention the latent significance and pleasure in the work of art.

The Philosopher: Milton Charles Nahm lectures on Form in Art. He attempts 'to show that the hypothesis that "an art object must have a certain form; it may have a certain purpose" is untenable.' He holds that, 'The alternative "an art object may have a certain form; it must have a certain purpose" rests for its acceptance . . . upon the designation of the unique function for æsthetic objects. If this argument holds thus far and if, as a consequence, the theory of form has broken down, the conclusion may be drawn that no limitation may be placed upon such objects of art which may be found to serve the purpose which binds the diverse elements together. Form is, in fact, the statement of a presupposition in any experience of æsthetic objects—a statement that the diverse must be unified.'

In his second lecture, The Function of Art, he states that, 'Art is the realm of true imagination. We employ in it productive as well reproductive "images". The inspiration to further action does not find its limit or its complete outlet in the art object itself. It is for this reason that to the experience is properly applied the term "mood" or *Stimmung,* rather than the more abrupt term, "emotion" . . . Art is perhaps the greatest energizer of man. In the particular manner in which we are temperamentally or

naturally constructed as men, art will energize and inspire us to the solution of particular difficulties in science, in morals, and in art.' He speaks of the 'self-nourishment' of art: 'The impact of the work of genius produces imitation and copying and schools. The initial inspiration departs and mere reproduction persists. The varied stimuli in the material come through custom and usage to be limited in effectiveness upon artists. Art cannot live upon itself. It is revivified by the nonartistic activity in science, in ethics, in theology. The problem in those fields is given a solution, the solution becomes familiar and it is then incorporated into works of art in "concrete" sensuous form.'

RICHARD STERBA (DETROIT)

ABSTRACTS

Psychodynamisms in Manic-Depressive Psychoses. Jules H. Masserman. Psa. Rev., XXVIII, 1941, pp. 466–478.

This is a critical discussion of the fundamental essays of Abraham, Freud, Rado, Deutsch and Fenichel on mourning and melancholia. Mania should be differentiated from the not truly euphoric 'anxiety driven pseudo-mania.' According to the author's view, the formulations of Abraham and Deutsch are not always complete 'with regard to possible heterosexual and homosexual conflicts—probably for the sake of simplicity of exposition'. He makes a plea for the use of economic and dynamic concepts and of emotional syllogisms the formulation of which should not be in strictly oral or anal terms. Further research is indicated especially in the clarification of a constitutional basis for manic-depressive reactions, whether biological in Freud's sense or an acquired tendency to oral fixations. The author feels that we need a psychodynamic differentiation of normal mourning, melancholia, neurotic and paradoxical depressions, as well as meaningful definitions of such terms as identification, incorporation, introjection and internalization.

CAREL VAN DER HEIDE

Neurotic Traits of Jonathan Swift, as Revealed by Gulliver's Travels. Ben Karpman. Psa. Rev., XXIX, 1942, pp. 26–45 and 165–184.

The creations of 'subjective' writers like Flaubert and Tolstoi are but means of self-analysis and emotional catharsis motivated by a need for confession. The writings of Swift similarly present his neurosis. Karpman relives for us Gulliver's adventures with the Lilliputians and the giants, and shows them to be 'a compensatory fantasy and an exaggerated reality', referring to Swift's psychosexual infantilism and impotence. He criticizes Ferenczi's conclusion that Swift's neurosis resulted from a conflict on the genital level, determined by traumatic childhood experiences. In contrast, the author points at evidences of predominant sado-masochistic features in which Gulliver replaces the element of pain with humiliation and soiling. An extensive analysis is made of Swift's intentional and deliberate preoccupation with excrementory functions and the abundance of loathsome and filthy ideas, many convincing examples of which are quoted. In conclusion the perverse trends, 'misanthropy, misogyny, misophylia and misophobia', which, in addition to psychosexual infantilism and emotional ambivalence, were so conspicuous in Jonathan Swift, are discussed and considered indicative of a fixation at the anal-sadistic stage of libidinal development. There is much comment on the thesis that perversions (paraphilias) are not the inverse of neuroses, but that 'more definite analytical studies revealed them to be sisters under the same skin and basically the same'.

CAREL VAN DER HEIDE

Two Forms of Aggression in Obsessional Neurosis. A Clinical Contribution to the Therapy of the Obsessional Neurosis. Edmund Bergler. Psa. Rev., XXIX, 1942, pp. 188–196.

Bergler, discussing the nature of the aggressiveness of the obsessional neurotic, points out that there are two components to this pattern of behavior: the one, original aggression, which can only be understood genetically, and the other, which, nearer to the surface but also unconscious, serves as a defense against passive wishes of the patient. This latter type he calls 'pseudo aggression'. It is his impression that the tendency to ignore the second component explains the poor results that have been obtained in the treatment of these cases.

Bergler then summarizes a previous paper of his, in which he described the narcissistic gratification derived from the behavior of the obsessional neurotic. The mechanisms of this narcissistic gratification are (1) the inner contradiction of all compulsive rules by means of which the superego is reduced *ad absurdum*, (2) the direct disparagement of the superego by means of the acceptance of outside authority, (3) the crudity of the compulsion, which again belittles the superego, and (4) the mechanism of guided miracles, serving the same function. These mechanisms are a part of the attempt by the patient to utilize aggression as a defense against anal passive surrender. He concludes with the general technical rule: 'When obsessional neurotics show aggression, we must find out against what anal passive wish they are trying to defend themselves by means of aggression'.

IRENE M. JOSSELYN

Basic Determinants in the Art of Andrea del Sarto: A Reinterpretation. Erwin O. Christensen. Psa. Rev., XXIX, 1942, pp. 253–270.

The first part of this paper is devoted to a summary and criticism of Jones's paper *Andrea del Sarto's Kunst und der Einfluss seiner Gatin.*[1] Jones's analytic conclusions concerned the paintings of Andrea del Sarto's later years: these paintings are supposed to lack higher inspiration. The explanation—according to Jones—is that Andrea del Sarto clung too much to his wife, who had an evil character and dominated him completely. Jones explains del Sarto's dependence on his wife as based on unconscious homosexual conflicts. Christensen feels that Jones reached his conclusions from one-sided and biased information, that of Vasari, who deals with del Sarto in his 'Lives'. Christensen considers Vasari biased in his biography of del Sarto. Vasari worked during his younger years as an apprentice in del Sarto's shop and he may have had unpleasant experiences with del Sarto's wife during this time. The unfavorable evaluation of del Sarto's later art is not shared by modern art criticism which considers del Sarto a pioneer in painting and a forerunner of the baroque style. The author recognizes del Sarto's homosexual trends but finds that his mother fixation and his castration anxiety are more important factors in del Sarto's character and creation. One can easily see that the figures in del Sarto's paintings show an overabundance of drapery, behind which the person's body is hardly recognizable. It is striking to see how often del Sarto's figures carry

[1] Imago, II, 1913, p. 468.

pieces of the material of their clothes over their arms. The author not unconvincingly traces this peculiarity back to the fact that del Sarto's father was a tailor, who dealt with materials professionally. He assumes that the lack of a body behind the drapery may have been caused by Savonarola who, preaching at Florence at a time when del Sarto was a little boy, emphasized naturalness in art and took a depreciatory stand against costume, thus motivating the hostility of del Sarto's father. Del Sarto uses an abundance of cloth in his figures and at the same time robs them of solidity. The author assumes that the castration complex is at the bottom of this characteristic. He quotes Ferenczi's article, The Sons of Tailors, which states that the sons are prone to increased castration fear, and refers to Jones, who pointed out that the mantle is a common phallic symbol, and Lorand, who stresses the fact that the coat decomes a symbol of masculinity through its hairy quality. The abundance of clothes in del Sarto's paintings thus, as phallic symbols, can be interpreted as a sign of defense against the fear of genital loss.

Christensen's paper is not aimed at branding Jones's findings as false, but intends to do more justice to Andrea del Sarto's work from the standpoint of the modern art historian. His cautious analytic conclusions seem to spring from a sound basis of historical knowledge and careful observation.

RICHARD STERBA

Social Structure and the Economy of Affective Bonds. George Devereux. Psa. Rev., XXIX, 1942, pp. 303–315.

Devereux has written an important paper in ten closely packed pages. He analyzes the influence of social structure on one's reaction to the loss or the threat of loss of a love object. In Mourning and Melancholia, Freud stated that when the love object is lost through death or otherwise, there is a trying period when the libido is directed toward the self. This is followed by a search for a new love object. When it is found, the person can assume a new libido position in the external world. The difficulties involved in these shifts to the self, and then to the new love object, lead Devereux to stress the importance of the constancy and continuity of the emotional environment. This is especially true when old age or social factors make it difficult to find a new equivalent love object. The harder it is to find a substitute, the more intense is the libidinal bond, and the more anxiety is aroused by a threat of loss or change.

The anxiety is partly due to the reactivation of repressed memories connected with the trauma involved in the shifting of the initial libido position in childhood to other love objects. The breaking down of the infantile libido position and its recanalization is the crux of the process of socialization. Pathological manifestations in the problem of the normal developmental shifts in libido position are less frequent in societies of the *Gemeinschaft* or extended family type than in our society type. Our civilization idealizes the happy state of infancy as compared to adult life and puts some premiums on affective infantilism. In other societies adulthood is at a premium, childhood is not regarded as a past golden age, and several persons form the proximate environment of even the newborn child. These factors mitigate, but do not eliminate

the stress involved in libido shifts. In *Gemeinschaft* societies, the small size of the group, the lessened social stratification, and the fact that one's fortune rises or falls with the group, make for the expectation that the human environment will remain relatively constant throughout life. Therefore in primitive societies there is no equivalent to our own class interests which, among us, often appear to transcend national interests, as exemplified in recent fifth column activities.

All of these factors diminish the trauma of libidinal shifts, but other factors exist which make for difficulties. There is the problem of 'acculturation' to the new group membership which the bride must undergo. The small size of the primitive group makes it hard to find a substitute for the lost object. The spirit of social cohesion in such groups is hostile to any tendency to invest too much libido in a small number of people and is highly resentful of persons investing too much libido in the self. In our *Gesellschaft* family organization the process of libido shifting is traumatic because it repeats the process of socialization. In the *Gemeinschaft* type it is traumatic because it involves a regression to an unsocialized state. The relationship between the laws of libido economy and factors in the social structure which facilitate or inhibit shifts in the individual's libido position, determine the social integration of the individual.

EMANUEL KLEIN

Schizophrenia in Cryptogenic Narcolepsy. Samuel R. Lehrman and Edward J. Weiss. Psychiatric Quarterly, XVII, 1943, pp. 135–144.

The authors review the literature on narcolepsy in schizophrenia and report a case of narcolepsy and cataplexy in a paranoid schizophrenic.

This patient had had 'sleeping spells' since the age of fifteen and developed schizophrenia at the age of twenty-eight, while the symptoms of narcolepsy still existed. They became the basis for various paranoid ideas. The authors discuss several theories, especially the question of psychogenic origin. They refer to Jelliffe and White who state that 'sudden attacks of sleepiness are often found to disguise auto-erotic fantasying and to be compulsive in character'. They also refer to a psychoanalytic study of a patient with narcolepsy who was cured, or at least greatly benefited by psychoanalysis. 'The present status of our knowledge on the subject does not permit a final statement of nosology and etiology, whether the disease is based on organic or merely psychogenic factors.'

JULIUS I. STEINFELD

Psychoanalysis of Psychoses. II. Transference. III. The Psychoanalytic Process. Paul Federn. Psychiatric Quarterly, XVII, 1943, pp. 246–257, and 470–487.

The essential differences in psychoanalytic technique in treating neuroses and psychoses are discussed. Psychoanalysis of the psychoses is different not only in such details as an avoidance of the use of the couch, but also in more important ways. The analyst may, for instance, cease treatment temporarily and be replaced by a sympathetic member of the family guided by the analyst. Nevertheless, the method sponsored by Federn is 'not mere psychotherapy with

psychoanalytical knowledge. It is true psychoanalysis. . . . The application of the economical, topical and dynamic viewpoints while using free association and coping with transference and resistance.' Indeed, throughout the paper one gains the impression that the author consistently adapts the psychoanalytic method to the requirements of the individual patient. His main goal is to restore the functioning of a deeply injured ego, and he never sacrifices the ego of the patient to a therapeutic principle or abandons a rational therapy for the sake of a cheap transference success.

Federn was one of the first to recognize that the transference of the psychotic is the chief problem of the psychoanalysis of psychotics, opposing those who thought that there is 'no transference in psychosis'. However, the transference has a different meaning to the psychotic than to the neurotic and therefore requires different handling. The main difference is that in the psychotic patient the positive transference should never be permitted to change into a negative one. Whereas the neurotic patient is able to continue treatment in spite of phases of negative transference, the psychotic cannot be treated by a physician who has become an object of negative transference. Since temporary or even long-lasting periods of negative transference are unavoidable, the treatment must be supplemented by the coöperation of a helper, preferably a woman who may be a nurse or a member of the family. According to Federn, the dynamism of treatment is different in the two groups due to the difference of ego structure: in neuroses, repressions must be dissolved, in psychoses, 're-repressions' must be created. 'In neurotics, transference is used to make repressed material free; in psychotics, to make free material repressed.'

The peculiarities of the psychotic's ambivalence are emphasized. Whereas the neurotic's ambivalence results in a reaction towards the loved and hated objects, the psychotic's ambivalence tears his ego into parts, thus creating a 'split ego'. If these contradictory parts of the ego continue to work simultaneously, and with equal force, a catatonic reaction results. If alternation occurs, manic-depressive psychoses or cyclothymia will result. Special attention is given to the complications in the marriages of cyclothymic persons, and to the technique of their treatment. Although the author agrees with Freud's concise formulations of the basic structural differences of neuroses and psychoses, he reminds us that damage and restitution are not kept apart, but occur intermixed in the course of the disease. Whereas Freud considered the loss of reality as the decisive central occurrence in the psychoses, the author attributes primary importance to 'the gaining of reality by what has previously been mere thought'. Loss of reality is a consequence of an interpretation of external reality by that internal reality which is externalized by the patient.

Thus the representation of reality is not really lost during the psychosis, but is overshadowed by 'the establishment of a false reality conception'. The author's metapsychological description of the psychoses is based on the concept of the 'ego boundaries' and their cathexes. Withdrawal of ego-cathexis from some thoughts makes them appear to be outside reality, since 'what happens outside the ego boundaries is felt to be truly real and really true'. If, however, only libidinous cathexis is withdrawn from an ego-boundary, the experi-

ence of estrangement results. If the patient realizes that one part of his ego is no longer reliable because he confounds thoughts and reality, his illusions lose power.

The idea of a 'perfect analysis and the hope for a clinically perfect cure' have to be abandoned. 'The patient returns to active life, sometimes without psychic residues, sometimes capable of permanent dissimulation of such residues', but in no case should potential postanalytic care be disregarded.

One must carefully avoid hindering the self-expression of the patient in favor of discipline. 'Logical understanding has little therapeutic effect, while the same explanation produced by the analysand through his own experience has curative value.'

Throughout the paper there is a wealth of most pertinent clinical suggestions which are indispensable to everyone who ventures into the psychoanalysis of psychoses. The author had to present a huge topic in a brief space, and his paper therefore requires most careful reading. Some short paragraphs cover the scope of a chapter in a book, and the paper reads like the abstract from a voluminous book on the theory and therapy of psychoses.

KURT R. EISSLER

Psychiatry as a Social Science. Gregory Zilboorg. Amer. J. of Psychiatry, XCIX, 1943, pp. 585–588.

The consideration of psychiatric factors in social life grew out of the consideration of social factors in psychiatric conditions. The social scientist was forced to indulge in psychiatric speculations and the psychiatrist became an amateur sociologist. This double transgression was sterile and confusing until Totem and Taboo[1] began the revolution in methodology. This is not only a contribution of clinical psychiatry to social sciences, but an extension of it into them. Thus clinical psychiatry became the source of a new scientific discipline in social sciences and their new cornerstone.

NORMAN REIDER

The Neuropsychiatric Selection of Recruits. Lieut. Comdr. C. L. Wittson (M. C.), U.S.N.R., Lieut. Comdr. H. I. Harris (M. C.), U.S.N.R., Lieut. W. A. Hunt, H–V (S), U.S.N.R., Lieut. Comdr. P. S. Solomon (M.C.), U.S.N.R., and Lieut. (J. G.) M. M. Jackson, H–V(S), U.S.N.R. Amer. J. of Psychiatry, XCIX, 1943, pp. 639–650.

The authors describe procedures used by the Navy in detecting and eliminating neuropsychiatric recruits. The method which they discuss was the one utilized by the Navy at the time when all the enlistments were on a voluntary basis, prior to the assignment of new recruits to the Navy by the induction boards.

The examinations were done during the period when the men were stationed at the Newport Naval Training Station, prior to their joining the fleet. The average examination lasted about three minutes. Men who appeared to be problems were watched for three weeks, and meanwhile data about them were

[1] Freud: *Totem and Taboo.* New York: Moffatt, Yard & Co., 1918.

obtained with the help of the social service department. This period of observation was called 'duty trial'. Seven per cent of the men broke down before the three weeks elapsed.

The authors describe ingenious techniques which they developed in spotting suspicious recruits. These applied especially to the so-called 'psychopathic personalities'. When challenged, such an individual would often boast of things that he had done, including his criminal career.

In reviewing the statistics, the authors note that with additional psychiatric personnel, the percentage of discharges rose from 0.31 per cent to 4.8 per cent. Of the men discharged from the service, 22 per cent were discharged because of organic neurological diseases, about 30 per cent because of mental deficiency and illiteracy, and 48 per cent for psychiatric causes. Most in this last group came under the category of 'psychopathic personalities'.

The paper stresses the importance of the clinical experience and acumen of the psychiatrist in weeding out undesirable personnel and again emphasizes the need for more good psychiatrists in the Navy.

J. KASANIN

The Psychoneurotic in the Armed Forces. Nicholas Michael. Amer. J. of Psychiatry, XCIX, 1943, pp. 651–654.

This article can best be summarized in the author's own words: 'The psychoneurotic is mentally and constitutionally unsuitable for army life. His use on limited service is questionable. He can contribute much more to the war effort by remaining in civilian life.'

J. KASANIN

The Male-Female Dichotomy in Human Behavior. William Egleston Galt. Psychiatry, VI, 1943, pp. 1–14.

The author's thesis attempts to envisage the sex life of man as a species. It takes the position that the pattern of man's sex life as a total reaction has been falsely restricted to one or another localized point of excitation, and that this biological inadvertence has resulted in a sexual distortion that is characteristic of human behavior throughout. Supporting evidence for this view is drawn from physiological, anthropological, genetic and morphological sources as well as from recent phylobiological researches.

MARTIN GROTJAHN

Sex and Character. Erich Fromm. Psychiatry, VI, 1943, pp. 21–31.

Certain biological differences result in characterological differences; such differences are blended with those which are directly produced by social factors; the latter are much stronger in their effect and can increase, eliminate or reverse biologically rooted differences. Characterological differences between the sexes should not be considered in terms of 'good and bad' but only in terms of 'coloring'. The character typical of men and women in Western culture is determined by their respective social rôles, overlaid upon a coloring of character which is rooted in biological differences. Fromm is mainly concerned

with characterological differences 'rooted in' the respective rôles of man and woman in sexual intercourse.

In order to satisfy the woman sexually, the man needs the ability to have and maintain an erection. The woman on the other hand does not need anything to satisfy the man sexually. Her willingness is dependent upon a conscious decision which she can make any time she pleases. The man, however, may have sexual desire and even an erection against his conscious will, or he may be impotent despite an ardent wish to the contrary. His inability to perform is a fact which can hardly be concealed; the woman's lack of response—her 'failure'—is by no means obvious, and the doubt about her satisfaction constitutes one of man's eternal riddles. During the sexual act, the woman must depend on the man's ability to carry her to orgasm. Thus to satisfy his partner, the man must prove something; the woman need not. Fromm's conclusion: 'It is not, then, surprising that the anxieties of men and women refer to different spheres; the man's concerning his ego, his prestige, his value in the eyes of the woman; the woman's concerning her sexual pleasure and satisfaction'.

Fromm's concept of male and female anxieties is significantly different from that of Freud. The main fear in man, according to Freud, is the fear of castration. Freud, Fromm states, could not perceive that man is as much afraid of woman as he is of the father. Woman's normal anxiety is the fear of defenselessness against an internal injury, such as incurring pregnancy against her will. The man's normal anxiety is the fear of failure: he acts as though he lived in a perpetual examination dream. Therefore he is sensitive to ridicule and hates women who can hurt him with it. To avoid failure, the man even may wish to be a woman and may become envious of the woman's capacity to bear children.

A woman fears frustration and dependency. She is never sure whether she can rely upon the man. This leads to Freud's conceptions of 'penis envy'. According to Fromm, the woman's wish to have a penis often springs from her wish to be independent, to be unrestricted in her activity, and to be protected from the dangers of frustration. Men's specific hostile wish is to overpower; woman's, to undermine. Freud from his patriarchal viewpoint assumed that the woman is envious of the male organ but he did not note the possibility that men are envious of child bearing. In a certain sense, men cannot produce; they can only kill. Therefore again, men have to prove their productivity by determined rational effort (Bachofen, Morgan, Briffault). Natural productivity is replaced by the magic of thought and word processes.

Fromm reduces the 'biologically rooted' characteristics of the sexes to those in sexual intercourse alone and not to those of infantile sexuality.

MARTIN GROTJAHN

Schizophrenic Structural Analysis and Metrazol Treatment. Kurt R. Eissler. Psychiatry, VI, 1943, pp. 75–81.

The usual attempts at treating schizophrenic patients with psychoanalytic therapy have been thwarted by the nature of the disease which precludes the development of the kind of transference essential to classic psychoanalysis. Schizophrenia, however, is potentially amenable to treatment if the psycho-

analytic technique is modified to meet the characteristic peculiarities of the disorder. Kurt Eissler gives some brief comments on five patients illustrating adaptations of psychoanalytic technique to schizophrenic conditions, and on three patients treated by metrazol. It is assumed that 'in the present social organization [is] a factor which induces patients to develop the schizophrenic syndrome with greater ease than was the case fifty years ago'. Therefore the author tries to differentiate between a 'schizoid psychosis' and true schizophrenia.

According to him, the development of a symptom frequently denotes defensive activity in the living organism and its disappearance does not necessarily mean improvement. So far as the study of shock-treated patients is concerned, Eissler found signs of dementia in each of them. A rebellious spirit was broken in one student and he succeeded better in the automatic learning of mathematics. The dream life of these patients is amazingly similar to the dream life of children.

MARTIN GROTJAHN

Hypnosis Number. Bulletin of the Menninger Clinic. VII, 1943, Nos. 5 and 6. This issue of the Menninger Bulletin is an attempt to evaluate various aspects of hypnosis as a form of psychotherapy. Specific projects by the Research Committee of the Menninger Foundation are under way with a view to learning more about the deeper dynamics of hypnosis. This issue represents a preliminary report.

Treatment of a Case of Anxiety Hysteria by a Hypnotic Technique Employing Psychoanalytic Principles. Merton M. Gill and Margaret Brenman. Pp. 163–171.

This paper describes a case of anxiety hysteria which was treated by hypnosis. There are four highly significant points: (1) The special ability of hypnosis to overcome simple repression. (2) The possibility of handling transference in the hypnotic situation. (3) The temporary suspension and working out of resistances in hypnosis. (4) The speculation that repressed material can be reintegrated into the ego through hypnosis.

The Use of Induced Hypnagogic Reveries in the Recovery of Repressed Amnesic Data. Lawrence S. Kubie. Pp. 172–182.

Kubie points out that through the induction of states of hypnagogic reverie, significant information about the patient can be made readily and directly accessible without depending upon the interpretations which are requisite in the translation of dreams or other distorted derivatives. The author is very restrained in estimating how widely applicable the hypnagogic reverie may be as a therapeutic technique. He does state that in a number of patients in whom prolonged analysis had not succeeded in penetrating to the roots of a neurosis, the addition of this technique has proven invaluable. A case is presented of a patient who had had a year and a half of analysis with little result. Two years later, for a period of two weeks, he was treated with five prolonged periods of induced hypnagogic reverie as well as several orthodox psychoanalytic hours. This type of treatment produced infinitely more positive

results than the previous analysis. Kubie concludes that up to the present he has not had enough experience with the method with patients who had not been analyzed, and therefore he awaits further clinical research before evaluating the results.

Use of the Rorschach Test in the Prediction of Hypnotizability. Margaret Brenman and Suzanne Reichard. Pp. 183–187.

The authors have explored the potentialities of the Rorschach test for predicting hypnotizability because they felt that an objective method for making a reliable forecast was necessary. The most clear cut of their results was the fact that the good hypnotic subject seemed to show 'free-floating anxiety' more frequently than the poor hypnotic subject. There was a trend which would indicate that individuals with a labile affectivity are more hypnotizable.

Hypnotherapy for Mental Illness in the Aged: Case Report of Hysterical Psychosis in a 71-Year-Old Woman. Margaret Brenman and Robert P. Knight. Pp. 188–198.

The authors describe a case in which the aim of the treatment changed from direct suggestion attempting to alleviate symptoms to a progressive translation of the symbolic significances of the symptoms. This patient became symptom free and well adjusted to her environment after seventy hours of treatment. The transference situation was hardly touched. The essential factor was that the hypnotic technique made this patient accessible where all other techniques had failed. The authors then point out that there are many different elements of psychotherapy which may be accented by the use of hypnotherapy.

RALPH R. GREENSON

The Myth in Jane Austen. Geoffrey Gorer. Amer. Imago, II, 1941, No. 3.

Gorer terms the theme of four of Jane Austen's novels—Sense and Sensibility, Pride and Prejudice, Mansfield Park, Emma—'Jane Austen's myth'. All four are about 'young women (Marianne, Elizabeth, Fanny, Emma) who are made love to by, but finally reject, the Charming but Worthless lover (Willoughby, Wickham, Crawford, Frank Churchill) and finally marry a man whom they esteem and admire rather than love passionately (Colonel Brandon, Darcy, Edmund Bertram, Mr. Knightley)'. All this to the tune of a ferocious debunking of passionate or sexual love.

Gorer thinks that the central theme in the four novels, which were written in five consecutive years, may be compared with the manifest content of a dream, while its elaboration into the novels corresponds to the analytic interpretation of a dream. He shows that mother hate, sister attachment and father fixation gradually develop in the first four novels until, in Persuasion, which appeared the year after Emma had been written, the mother, although still the cause of the heroine's troubles, is treated very leniently. The heroine then marries her lover while the father is pictured as vain, proud, stupid and selfish, and the sister is hated.

Gorer concludes:

'It seems as though, by thus reworking her fantasies, Jane Austen had finally uncovered for herself the hidden motives behind the too warm, too

loving, family relationships which circumscribed her life. Using symbols, she analyzed her own problem: Persuasion was her final solution. In this book she cried out against her starved life, and the selfishness of the father and sisters on whose account it had been starved. When she wrote this book she was nearly at the end of her life, lonely, middle-aged and nearing the menopause. She could now only voice her regret, her despair. It is this note which makes Persuasion, with its poignant and sustained emotion, so completely different from her earlier and more exuberant novels. In the midst of her satirical observation Jane Austen had hidden a myth which probably holds good for her myriad admirers, but in her last novel she rejected her myth, her fantasy, because she had learned that, like all myths, it was eventually an enemy of life.'

RICHARD STERBA

Psychotherapy and the Pursuit of Happiness. Hanns Sachs. Amer. Imago, II, 1941, pp. 356–365.

The human mind resisted the overcoming of magic more stubbornly in psychology and psychotherapy than in any other field. Compromises between scientific and magic thinking can still be seen everywhere today, and all of them necessarily fail. The public demands 'happiness' from the psychotherapist. 'A man who has broken his leg and recovers its use after some rather painful treatment, feels perfectly satisfied. He will not expect that the cure should compensate his pains and troubles by making him a ballet dancer, he does not even hope that his style and steps should become superior to what they had been before his accident. But this is just the sort of thing which the average patient will expect and even insist on as the result of a psychotherapeutic cure.' But this difference between the man with the broken leg and the mental patient is not so great after all: 'As a matter of fact the neurotic demands the same as any other patient, namely that the organ which has been disordered by illness or injury should be restored to its normal functions. The normal function of the mind is the pursuit of happiness.'

What are the possibilities of the psychotherapist under such conditions? (1) He may use the pretext of 'science' as a shelter and keep the patient at an 'objective' distance. But '. . . even in the therapy of diseases of the body the exaggerated use of these devices which are the pride and glory of modern science may become detrimental when they are used as a screen that hides the patient from the doctor, the doctor from the patient'.

(2) He may try 'pseudo-magical' methods. They will be the more effective, the more the therapist himself believes in his own omnipotence. In any case the therapist 'cannot work out the successful results of his therapy according to plan and intention. All this belongs to an invisible power which he uses as well as he can without controlling it.'

(3) He may try to give as much 'happiness' as is in his power. Unfortunately an unlimited quantity of love offered to everybody—is in nobody's power. This quantity 'shrinks in the face of disappointment, stubbornness, hostility, aggression, the wish to establish an exclusive monopoly or the tendency to devour him [the therapist] entirely from top to toe. It is a sad situation when he has to

admit to himself that the demand exceeds the supply and that he is not able to repeat the miracle of the two loaves and three fishes.'

(4) He may set himself up as an ideal standard for the patient but 'this desire to become another person than one really is, ends by wrenching and disjointing the natural reactions and emotions and this may one day lead up to the danger point of a breakdown. These people walk on the air instead of on the hard and dusty earth, but they walk with crippled feet.'

'Our conclusions: If we hold ourselves aloof, as good scientists ought to do, from the regression to magic, from compromising and juggling, from obscuring the issue in order to do some fishing in troubled waters, then we are bound to admit that we are just beginners—or pioneers, to use a softer term. After having given up the vainglorious attitude of the miracle worker we find that we are far from achieving what we want and ought to do. There is still a long struggle ahead of us till we become as free from prescientific bias as the other natural sciences. . . . We may be able after a careful, painful and difficult study of his [the patient's] personality to show him when and where and why he has turned the wrong corner and to point out to him the right direction for his search after happiness. With great good luck we can set his feet on the right way. But we cannot go with him as his guide and companion on this way till he actually reaches the gates of happiness.'

OTTO FENICHEL

Changing Concepts of Crime. Max J. Freeman. J. of Criminal Psychopathology, IV, 1942, pp. 290–306.

The conduct of a 'criminal' is on the whole no different from that of an average neurotic personality. His symptom finds its expression in an area 'which happens to constitute a violation of the law'. The courts and the probation departments should bear in mind that the eradication of crime can be accomplished much better by initial analysis and treatment of the criminal's total personality.

JULIUS I. STEINFELD

The Gambler: A Misunderstood Neurotic. Edmund Bergler. J. of Criminal Psychopathology, IV, 1943, pp. 379–393.

The gambler is a neurotic with an unconscious wish to lose. His logically senseless conviction that he will win is an expression of the fiction of omnipotence in the child who escaped destruction in a real experience. Gambling also activates the latent rebellion against logic, morals and renunciation, a rebellion which is based on the inwardly unrelinquished pleasure principle. Heavy inner retaliation and an unconscious tendency toward self-punishment follow his unconscious aggression. He cannot win in the long run because losing is necessary for his psychic equilibrium.

The gambler is a person who has made an oral regression and constantly uses the 'mechanism of orality' which Bergler describes as follows: First, he unconsciously provokes a situation in which he is refused. Secondly, he throws himself, full of hatred and semingly in self-defense, against his self-constructed enemy. Thirdly, he revels in self-pity, enjoying unconscious psychic masochistic

pleasure. The significant fact in the 'oral mechanism' is that it yields masochistic pleasure behind a façade of aggression. The gambler's surety that he must win is derived from the unconscious certainty of reducing his mother as a giving person to absurdity.

Four types of gamblers are described: (1) The 'classical' gambler out of rebellion against the reality principle. The prognosis for this type is favorable only if the patient has a conviction that he does something irrational in gambling and has a feeling of guilt not entirely saturated by losing. (2) The male gambler who unconsciously wants to be overwhelmed because of his feminine identification. For him losing is a sexual pleasure of the passive feminine type. This type has the best analytic prognosis. (3) The male gambler, related to the Don Juan type, who is on the defense against the feminine fantasy of being sexually overwhelmed and has the theory that the stronger person is bound to win. He prefers to gamble with the 'weaker' man. The prognosis of this type in analytic treatment is fair. (4) The 'gambler without excitement'. This type is fictitious; it exists only in the imagination of gamblers who would like to appear detached and so create an ideal for the purpose. Its closest representation is the frigid hysterical woman who treats gambling as she treats men, coldly and spongingly. But behind this front may be hidden a wild emotion. Analytic treatment is difficult in any case because understanding on the part of the gambler that a neurosis is involved and the wish to change are often lacking.

BERNHARD BERLINER

Factors in Suicidal Attempts. A Review of Twenty-Five Consecutive Cases. Dwight M. Palmer. J. Nerv. and Ment. Dis., XCIII, 1941, pp. 421–422.

The author stresses the complexity of the problem of suicide and objects to frequent explanation of suicide as a maladjustment to the immediate present environment. 'Many individuals are potential suicides from childhood on, due to defects in early personality development.'

The author delineates the development of the self and reviews Jelliffe's paleopsychological theory of psychosexual development.

Twenty-five unselected case histories of attempted suicide are concisely reported. Though the patients were not analyzed, the author succeeds in giving 'a longitudinal viewpoint of the life history'. The majority of the patients were separated from one parent before the age of fourteen and the author attributes significance to that condition. He discusses the possible ways in which such an event may damage the development of the personality.

KURT R. EISSLER

Psychogenic Body Image Disturbances Associated with Psychogenic Aphasia and Agnosia. Harry A. Teitelbaum. J. Nerv. and Ment. Dis., XCIII, 1941, pp. 581–612.

Two clinical cases of psychogenic disturbance of the body image associated with agnosia and aphasia are reported. One of the patients suffered from various neurological symptoms resulting from luetic brain disease. The course of the aphasic symptoms, however, convinced the author of their psychogenic nature.

In four cases successfully treated with hypnosis for psychogenic amnesia, the suggestion was given to forget everything about the body. Examination revealed that together with the resulting disturbance in body recognition there developed a wealth of associated disturbances similar to those encountered in patients afflicted with organic lesions. These associated disturbances, such as disturbance of right and left differentiation, calculation, recognition of objects etc., showed great individual variability. KURT R. EISSLER

A Comparative Study of Recovered and Deteriorated Schizophrenic Patients. Otto Kant. J. Nerv. and Ment. Dis., XCIII, 1941, pp. 616–624.

The author compares a group of thirty-nine schizophrenic patients who had recovered without shock therapy and an equally large group of patients whose psychosis resulted in deterioration. He tries to work out those features which may make a prognosis possible and finds that psychogenic precipitation, clouding of consciousness at least during the greater part of the psychosis, acute or subacute onset, extraverted personality, and pyknic body type, occur at a mean ratio of 6:1 in the recovered group. A comparison of syndromes, based on an excellent clinical analysis, follows. The paper may be highly recommended for its skilled clinical approach and its careful, pertinent formulations.

KURT R. EISSLER

The Post-Hospital Adaptation of a Selected Group of Patients with Dementia Præcox. J. L. Hoffman, E. H. Parsons, M. W. Hagan. J. Nerv. and Ment. Dis., XCIII, 1941, pp. 705–712.

Since the exact rate of recovery from schizophrenia is still unsettled, it may be of interest to learn the results of a carefully prepared follow-up study of all U. S. soldiers diagnosed as schizophrenics in St. Elizabeths Hospital, Washington, D. C., during the years 1926 to 1935 and subsequently discharged from the hospital and from the army: 28.4 per cent were found well adjusted in the community, 25.2 per cent showed, under assistance, acceptable adaptation, 34.7 per cent were in mental hospitals, 2.3 per cent in jail, and 9.4 per cent died. KURT R. EISSLER

The Chronic Alcoholic as a Neurotic and a Dreamer. Ben. Karpman. J. Nerv. and Ment. Dis., XCIV, 1941, pp. 17–40.

The general problem of alcoholism is presented. The attitude of the internist and the psychiatrist are described. The author agrees with those who consider alcoholism as a surface phenomenon covering a complicated neurosis. The history of a twenty-eight-year-old man suffering from alcoholism is presented. Special emphasis is laid on the patient's dream life which is reported in detail.

KURT R. EISSLER

Learning Difficulties: Unresolved Anxiety and Resultant Learning Patterns. Edward Liss. Amer. J. of Orthopsychiatry. XI, 1941, pp. 520–524.

The Failing Student. Ibid., pp. 712–718.

The first paper is a general review of the different clinical syndromes which are classified as 'learning difficulties'. Various neurotic factors may prevent

individuals of normal or superior intelligence from acquiring knowledge. Erotization of the learning process, for example, may produce an inhibition if the sexual guilt is extreme or if study acquires the significance of an activity appropriate to the opposite sex. Some individuals recoil into apparent stupidity from the mature responsibility of using their knowledge in life. Children who dread biological maturity show disturbances in learning chiefly at puberty, together with physical and emotional immaturity and simple, childlike dreams. In treatment these cases often reveal their resistance to study by such symptomatic acts as covering the ears or eyes with their hands. A change in the dream structure toward more complex and mature types often presages improvement in school work. Another preadolescent type of learning dysfunction manifests itself in obsessive preoccupation with details and in stereotyped repetitiousness. In this particular syndrome constitutional hypertonicity seems to play a rôle, and a purely verbal therapy alone increases the child's anxiety. A program rich in arts often exercises a salutary effect. Still another variety of learning difficulty appears in the individual with many interests and diffuse knowledge but no depth. All these clinical types merely represent different techniques for encapsulating anxiety—the core of all inhibitions in learning.

In his second paper the author discusses the psychopathology of learning inhibitions in more detail. He defines learning as a psychophysical process of maturation which involves neutralization of the anxiety which always accompanies a new experience. All learning patterns are molded by past experiences. Among the important ones are infantile sexuality, the œdipus phenomenon and sibling relationships. Knowledge represents a sublimation of the child's early interests in biological, principally sexual, activities. In children with an allergic constitution, this sublimation does not readily occur and reading disability or early failure in school often results. Other children show an early flight from infantile sexuality into precocious intellectual ability. Such cases make good academic progress until puberty, when the unresolved sexual conflicts may break through into overt sexual activity of an immature type accompanied by academic failure. The œdipus complex may also play an important rôle in learning inhibitions. Children often regard intellectual interests as prerogatives of the parents. Greater intelligence in the parent of the opposite sex may lend a heterosexual, phallic significance to knowledge with resultant conflicts at puberty or at the peak of the individual's educational career. An unsuccessful solution of the œdipus situation also accounts for variations in the child's ability to learn from teachers of different sexes. Transference of an unresolved sibling rivalry situation to the school may likewise bring about a number of pathological reactions. The child may refuse to learn what others study, rejecting the subject matter along with the symbolic siblings. He may, on the other hand, show a pathological competitiveness, yet be unable to derive any satisfaction from his academic success because of the resultant guilt.

Dr. Liss concludes that grades and other academic yardsticks are too narrow as measures of the individual's real achievement and social health in view of the multiplicity of emotional factors which are involved in the learning process.

A. H. VANDER VEER

School Phobia. Adelaide M. Johnson, Eugene I. Falstein, S. A. Szurek, Margaret Svendsen. Amer. J. of Orthopsychiatry, XI, 1941, pp. 702–712.

From their experience with eight cases the authors outline the dynamics and therapy of school phobia. This is a neurotic syndrome occurring in children, characterized by intense fear of school, running home to the mother, and hysterical or obsessive symptoms which vary from case to case. The early neurotic groundwork is formed by a poor resolution of the child's dependence on his mother who, in turn, has never adequately solved her conflicts with her own mother. The acute phobia breaks out when organic disease or emotional conflict creates an acute anxiety in the child which happens to be concurrent with an increase of anxiety in the mother due to some conflict of her own. Both mother and child then regress to the early dependency situation, and a vicious cycle begins in which dependent wishes, hostility, guilt, and restitution increase in both mother and child, binding them ever more firmly together in a mutually ambivalent deadlock. The phobia serves primarily as a defense: the child's guilty rage at the mother is displaced onto a phobic object, the teacher. By means of his symptom the child also punishes both his mother and himself, his mother through the neighborhood criticism aroused by his neurosis, and himself by his failure in school and through the ridicule of other children. The father does not play an important rôle in this syndrome except as his neurosis increases the mother's anxiety. In the present series both mother and child were treated in every instance by separate psychotherapists. In seven of the eight cases the child returned to school within five months to one year. School phobia clearly demonstrates the interdigitation between the conflicts of the parent and those of the child. Such an interrelationship is present, though less obvious, in every neurosis of childhood, and indicates the necessity for treating all the participants in the conflict situation if any one of them is to be really benefited.

A. H. VANDER VEER

Orientation Data Regarding Psychoneurosis. Franklin G. Ebaugh, Colonel M. C. A.U.S. Bulletin of the U. S. Army Med. Dept., No. 82, November 1944.

Addressing his comments to medical and line officers, Colonel Ebaugh outlines briefly and simply some of the important factors in the genesis, the mechanisms, and the early recognition of neurotic disorders in military personnel. He prefaces his discussion with this statement: 'Without early consideration and correction, mild personality disorders in soldiers tend to become fixed. However, premature and unnecessary hospitalization is a disaster. Recovery is resisted unless assurance can be given that the soldier will not be returned to the same untenable situations that caused the symptoms.'

The soldier experiencing excessive anxiety may solve the problem in one of several ways. The personality may 'heed and utilize the "alarm" ', and by the 'constructive use of awareness of anxiety in all its forms' prevent further anxiety. A second method is to meet anxiety by enduring it which can be successful to a limited degree and if unrelieved leads to the development of psychosomatic equivalents. The third method is an attempt to protect the ego through 'psychological evasions'—the development of a neurosis.

There follow some brief but lucidly informative characterizations and discussions of anxiety states, hysterical reactions, hypochondriasis, obsessive compulsive states and psychosomatic disorders.

Older psychiatrists will raise a rueful eyebrow to read: 'During recent years it has become increasingly fashionable for physicians to ascribe disorders of unknown origin to psychoneurosis. In some circles of the armed services there is an increasing tendency to minimize known organic and physical defects as cause for complaints. . . . Persons with psychoneurosis may have an independent organic disease.'

So much is said and written by military psychiatrists about malingering that it is of great value to have Colonel Ebaugh's forthright statement: 'True malingering is rare in the Army. . . . The unfortunate equivalent "gold brick" is used as a punitive term which indicates a lack of understanding of human beings.'

Indeed, it might be added to Colonel Ebaugh's statement that the depth of psychiatric insight and the adequacy of a military psychiatrist's training is in inverse proportion to the frequency with which he finds or suspects malingering.

R. G.

A Survey of Statistical Studies on the Prevalence and Incidence of Mental Disorder in Sample Populations. Paul Lemkau, Christopher Tietze and Marcia Cooper. Public Health Reports, LVIII, No. 53, 1943, pp. 1909–1927.

These studies were made over a fifteen year period in both Europe and the United States. The populations chosen can only be considered as samples and do not represent broad cross sections. Diagnostic classifications, methods of collecting data and the thoroughness vary so much that it is difficult to make satisfactory correlations between the various studies. The authors realized that the main value of their paper is found in its demonstration of the necessity of adequate, organized surveys of this material.

MALCOLM H. FINLEY

Individual and Mass Behavior in Extreme Situations. Bruno Bettelheim. J. of Abnormal and Social Psychology, XXXVIII, 1943, pp. 417–452.

The author, who has spent one year in two German concentration camps for political prisoners—Dachau and Buchenwald—reports his psychological observations. He stresses the fact that his observations are to a certain extent based on self-observation and thus subjective in character. They were actually started as a diversion to enable the author to bear his experience.

The aims of the concentration camp as an institution are to break the prisoners as individuals, to spread terror among the rest of the population, and to provide the Gestapo with a training ground and an experimental laboratory. In most cases, the shock of unlawful imprisonment is followed by the even more stunning shocks of transportation to the camp and the first experiences there. Nonpolitical, middle class prisoners experience comparatively more suffering than either politically oriented prisoners or members of the upper classes. The typical initial reactions are feelings of detachment: 'this can't be true . . . things like this just don't happen'. The first few weeks are

the worst; persons who manage to live through the transportation to camp and the first three months thereafter, have a fair chance of surviving. If the tortures become too intense, indifference takes the place of anxiety. Prisoners are particularly sensitive to punishments resembling those a parent might inflict upon a child. Prisoners' dreams rarely deal with situations of extreme torture but instead with comparatively smaller maltreatments. Group formation, especially around a hero or martyr, is very effectively prohibited by means of group punishments. For only a short time do the new prisoners direct their hostility primarily against their real enemy; in many cases it is soon turned against former friends or members of the family by whom the prisoners feel deserted. Old prisoners come to direct their hostility mostly against themselves. Gradually a regression to infantile levels take place, turning many prisoners into willing tools in the hands of the Gestapo. In the phase of 'final adjustment', the strangest phenomenon of all could be observed: the prisoners' identification with the guards. Certain prisoners even tried to imitate the guards' uniforms, became cruel to their fellow-prisoners, partly accepted Nazi ideology. The author's conclusion is: What thus happens in an extreme fashion to the prisoners in concentration camps, happens also, in a somewhat less exaggerated form, to the inhabitants of the great concentration camp called 'Greater Germany'.

MARTIN GROTJAHN

Social Psychology and the Civilian War Effort. Gordon W. Allport and Helene R. Veltfort. J. of Social Psychology, XVIII, 1943, pp. 165–235.

This is a survey of three hundred and six papers on Social Psychology and the Civilian War Effort. The papers are dealt with under the following headings: Morale and Its Measurement, Civilian Intelligence Work, Minorities, Rumor, Morale Building and Leadership, Media of Communication, Propaganda, Comparative National Psychology, Industrial Morale, Essentials for Normal Living, Demoralization, Children in Wartime, Postwar Planning. Each paper is surveyed so briefly that it is difficult to evaluate any of them. The net result is a good comprehensive bibliography.

EMANUEL KLEIN

A Theory of Human Motivation. A. H. Maslow, Psychological Rev., L, 1943, pp. 370–396.

This proposed theory of motivation designates five sets of goals or basic needs: physiological, safety, love, esteem, and self-actualization (realization of potentialities and capacities), arranged in that order in a hierarchy of prepotency. When the most prepotent goal is satisfied the next ('higher') need emerges to dominate conscious life. The satisfaction of these needs is not altogether mutually exclusive. Reversals of the order of the hierarchy are sometimes observed. The basis of all psychopathology is the thwarting or threat to the satisfaction of any of these needs. A basically thwarted man is a 'sick' man. A healthy man is one who has no 'active, chronic' basic needs other than his motivations to actualize his fullest potentialities and capacities.

This theory is an eclectic condensation of many dynamic theories which

avoids the implications of the freudian concepts of the genetic relationship of the various needs and more especially of the force of infantile sexuality. Most of the discussion of the theory by Maslow consists of the well-known superficial dynamics of ego psychology.

NORMAN REIDER

Psychopathology, Primitive Medicine and Primitive Culture. Erwin H. Ackerknecht. Bulletin of the History of Medicine, XIV, 1943, pp. 30–67.

According to the viewpoint taken by the author of this learned and interesting paper, anything that a given society calls 'normal' is normal. He has a very decided bias against psychoanalysis, and seems to think that psychoanalysts are intent on proving that everybody is abnormal. The paper would have gained much had the author differentiated between mechanisms characteristic of certain neuroses and the neuroses themselves.

GÉZA RÓHEIM

El método psicoanalítico de interpretación de los sueños. Introducción a la psicología onírica. (The Psychoanalytic Method of Dream Interpretation. Introduction to Dream Psychology.) Angel Garma. Revista de Psicoanálisis (Buenos Aires), 1943, I, pp. 39–62.

This paper describes the dreams of a woman patient during psychoanalytic treatment. The technique by which the author explains the method of dream interpretation is interesting. He uses illustrations of the dreams drawn by the patient herself. He compares these drawings with advertising posters and succeeds in showing the effectiveness of unconscious psychic mechanisms in both kinds of pictures.

MARIA LANGER

NOTES

The SAN FRANCISCO PSYCHOANALYTIC SOCIETY held its semi-annual meeting on October 28 and 29, 1944, at Los Angeles. The scientific program was composed of a symposium on Short Psychotherapy with Commander U. H. Helgesson, (MC) USNR, speaking on Experiences with Short Psychotherapy in Military Psychiatry, Dr. Bernhard Berliner on The Practice of Short Psychoanalytic Therapy, and Dr. Otto Fenichel and Dr. Ernst Simmel on Theoretical Considerations of the Indications, Limitations and Technique of Short Psychotherapy. Dr. Emanuel Windholz read a paper on The Possibilities and Limitations of Group Psychotherapy and Dr. J. S. Kasanin on Vestigial Roots of Schizophrenia.

At the scientific meeting of the TOPEKA PSYCHOANALYTIC SOCIETY held December 9, 1944, Dr. Ernst Kris presented a paper entitled The Crisis in Psychoanalytic Theory.

The LOS ANGELES PSYCHOANALYTIC STUDY GROUP has continued its activities uninterruptedly since the last report in 1940. Since the formation of the San Francisco Psychoanalytic Society, the Study Group works in close collaboration with the Society, especially in conducting seminars. In addition to the seminars many symposia were held and papers were read since 1940. Among the symposia were: Psychoanalysis in the Work at Induction Boards of the Armed Forces, The Work of the Psychoanalytically Oriented 'School for Nursery Years' in Los Angeles, The Psychology of the Immigrant, Precipitating Factors in Neuroses, Children in War, On the Concept of 'Sublimation', The Relation Between Genitality and Pregenitality.

Among the papers read were Discipline, Order and Police in Democratic Education and Freud's Earliest Theories and the School of Helmholtz[1] by Dr. Siegried Bernfeld; Some Observations on the Yurok by Dr. Erik H. Erikson; Remarks on the Common Phobias,[2] The Psychology of the Actor, Triumph and Trophy, Guilt Feeling, Indications and Contraindications of Psychoanalytic Therapy—all by Dr. Otto Fenichel; Psychoanalysis of Propaganda by Dr. Ralph R. Greenson; Psychological Factors in the Resumption of the World War by Dr. Pryns Hopkins; Man in Mass Culture by Dr. Loewenthal; Handling of Transference in Child Guidance by Dr. Anna Maenchen; The Nursery School as a Social Invention in Character Formation by Dr. Margaret Mead; The Psychology of Obstinacy by Mrs. Christine Olden;[3] Shock Therapy by Dr. Norman Reider; Psychoanalytic Therapy in Clinic Patients by Dr. May E. Romm; On War Neuroses by Dr. Ernst Simmel; Views on Traumatic Neuroses by Dr. Albert Slutsky, and Contributions to the Psychology of Acting Out by Dr. Emanuel Windholz.

---

[1] Published in this QUARTERLY, XIII, 1944, pp. 341–362.
[2] Published in this QUARTERLY, XIII, 1944, pp. 313–326.
[3] Published in this QUARTERLY, XII, 1943, pp. 240–255.

A dinner was given in honor of DOCTOR A. A. BRILL on the occasion of his seventieth birthday on October twelfth at the Hotel Waldorf-Astoria in New York City. About three hundred persons attended. The speakers were Dr. Louis Casamajor (Toastmaster), Dr. C. P. Oberndorf, Dr. Leonard Blumgart, Dr. Leo H. Bartemeier, Dr. Harry Woodburn Chase, and the guest of the evening, Dr. Brill.

Announcement was made that a fund had been raised in honor of Dr. Brill, amounting to about six thousand dollars, with which he intends to endow a library, and that the library which will be housed in the new building of the New York Psychoanalytic Institute will be named in honor of Dr. Brill.

The LASKER AWARD of one thousand dollars, given by the Albert and Mary Lasker Foundation, Inc., through the National Committee for Mental Hygiene, for outstanding work in the field of mental hygiene, was awarded to Colonel William C. Menninger.

The SALMON COMMITTEE ON PSYCHIATRY AND MENTAL HYGIENE named Brigadier General J. R. Rees, Consultant Psychiatrist to the British Army, to deliver the Salmon Lectures for 1944 at the New York Academy of Medicine on November 20, 21, and 22, 1944. As Captain in the R.A.M.C. in the first world war, he saw service in Belgium, France, Mesopotamia, and North Persia. He was formerly Neurological Specialist, Ministry of Pensions, and Medical Superintendent, Bowden House. He now holds the post of Medical Director, The Tavistock Clinic (The Institute of Medical Psychology).

The subject of Brigadier General Rees's first lecture was The Frontiers Extend, in which he reviewed the experiences of the war insofar as they open up new psychiatric responsibilities. He traced the developments of the new social psychiatry and of new practices in selection and placement engendered by the realism of the war period. He presented material to show that wartime priorities are prophylaxis in the building up of mental health. The subject of the second lecture was Opportunities Emerge. Asserting that training methods, morale, and disciplinary problems have been matters of urgency in the army, as indeed they have also been in civilian life, Brigadier General Rees discussed the fact that men and women of all kinds and qualities challenge our psychiatric skill and that war psychiatry has contributed to the women's services, to adult education, and to resocialization of the sick and maimed, as well as in matters of intelligence and aptitude testing and the selection of officer candidates and other special groups on the basis of studies in character, personality, leadership and stability. In the third lecture, The Way Ahead, he surveyed both the old and new responsibilities of psychiatry in which he indicated that individual breakdown is perhaps less important than group breakdown. He pointed out that a wider and better education for the psychiatrist is needed if he is to be equipped for the future tasks and that many of the experiences of wartime can be applied to solve the mental health problems of communities and nations. He believes that peace will bring with it the necessity for *psychological warfare*.

The annual meeting of the MEDICAL CORRECTIONAL ASSOCIATION, an affiliate of the American Prison Association, was held in New York City on October 12, 1944. Among the speakers were Mr. Edwin J. Lukas, Director of the Society for the Prevention of Crime, Dr. Lawrence F. Woolley, Clinical Director of the Sheppard and Enoch Pratt Hospital, Dr. Robert V. Seliger, Assistant Visiting Psychiatrist of Johns Hopkins Hospital, Dr. Marion R. King, Medical Director of the Bureau of Prisons, Dr. Robert M. Lindner, Psychologist of the U. S. Public Health Service, and Dr. John D. Reichard of the U. S. Public Health Service. The subjects discussed were Alcohol and Crime, Integration of Psychiatric Service With Court Procedures, What the Psychiatrist Wants from the Social Worker, Treatment in the Post-War Prison from the Point of View of the Psychiatrist, Psychologist and the Physician, Hypnoanalysis in the Treatment of Psychopathic Characters, and Tension—Its Study and Possible Rôle in Neurotic and Antisocial Behavior.

The AMERICAN GROUP THERAPY ASSOCIATION, which was organized in 1943, held its Second Annual Meeting at the Russell Sage Foundation Building in New York City on January 12th and 13th, 1945. The program centered around the topic, The Process of Group Therapy. The aim of the American Group Therapy Association is to explore the clinical possibilities of the various types of group treatment to patients of different ages and different types of problems. This information, largely in the form of reprints, is supplied to its members. Monthly discussion meetings dealing with practical problems of treatment are held in New York City for members of the Association only. The membership consists of qualified psychiatrists, psychiatric case workers, psychologists and group therapists who had worked for a specified time under the supervision of psychiatrists. The officers of the Association are: President, Mr. S. R. Slavson; Vice-President, Dr. Lawson G. Lowrey; Secretary-Treasurer, Mr. George Holland. On the Executive Committee are Dr. Nathan W. Ackerman, Dr. Temple Burling, Mrs. Helen M. Glauber, Miss Fern Lowry, Dr. Kenneth I. Wollan and Dr. Caroline B. Zachry. The address of the Association is 228 East 19th Street, New York 3, New York.